

Donation Form

First Name:	Last Name:
Residential A	Address:
	Postcode:
Email:	
Phone:	
Mobile:	
	e a cheque/Money Order payable to Macleay Landcare Network for \$harge my credit/debit card \$ (please tick): □ VISA □ Mastercard
Expiry:	<i></i> Signature:
Tick the rele	evant boxes below:
□ I am at l	east 18 years of age.
□ I require	e a receipt by return email.
□ I require	e a receipt by return mail.
☐ Sign up t	to our eNews.
Ph: 02 6562	f you need assistance: 2076 eaylandcare@outlook.com
Macleay Laı \$2.	ndcare Network is a registered charity and can accept tax deductable donations over
Mail to:	Macleay Landcare Network Inc. 'The Stables' Wharf St
	East Kempsey NSW 2440

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