



Supporters Club

(Emergency Support Team)

Date: ___/___/___ Donor ID (if known): _____

Title: _____ First Name: _____

Surname: _____

OR

Name of Organisation: _____

Position (if applicable): _____

Address: _____

Suburb: _____ Postcode: _____

Phone: home _____ work _____

Mobile: _____ Email: _____

OFFICE USE

Website Supporters Club

ID: _____



Proudly sponsored by



OPTION 1: CREDIT CARD

I authorise CareFlight to debit my credit card on the 15th

Monthly Quarterly 6 monthly Yearly

the amount of

\$80 \$50 \$30 Other _____

To remain valid until revoked by myself in writing. Please charge my:

VISA Bankcard Mastercard Amex

EXP ___/___ Name as appears on Card: _____

Card holder signature: _____

OPTION 2: DIRECT DEBIT

I authorise CareFlight to debit my bank account on the 15th

Monthly Quarterly 6 monthly Yearly

the amount of

\$80 \$50 \$30 Other _____

To remain valid until revoked by myself in writing.

Signature(s): _____

(If debiting from a joint bank account, both signatures are required.)

Name and Branch of
Financial Institution: _____

BSB No: _____

Account Number : _____