

Donation Form

Donation details

Donation amount	\$
Project you'd like to su	upport
This gift is made on b	ehalf of

Donations over \$2 are tax deductible in Australia. All donations made to the ADA Dental Health Foundation will be issued with an official tax receipt.

Your details

Name	
Address	
City	State Postcode
Phone	Email
Organisation	Contact person

Payment details

Post National Australia Bank

BSB 082 201

Account no. 164031241

Account name ADA Dental Health Foundation

Donor list

The ADA Dental Health Foundation acknowledges its generous donors to sponsors and supporters, volunteers and stakeholders. Please provide your consent to be identified on our Donor List.

🗌 l agree	🗌 I do not agree

Please save this form when completed and return to headoffice@adadhf.org.au

Date