



ALEXANDRINA
CONNECT

Pledging Financial Support

FIRST NAME: _____

LAST NAME: _____

Email address: _____

Postal address: _____

Phone No: _____

*Please indicate how much you would be prepared to donate:

\$ _____

One off:

\$ _____

Annual for 3 years:

Annual for 5 years:

Any Other Amount: _____

Signature: _____

*Anyone with an ABN can claim this donation as a tax deduction