



Donation Form

Donor Information (please print or type)

Name _____
Address _____
City | Postcode _____
Phone | Mobile _____
Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash cheque bank transfer

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous - your receipt will reflect this.

Signature(s)

Date

Please send your postal donation including this completed form with payment to:

START Trust
P O Box 21022
Christchurch 8143

If you wish to make your donation by bank transfer, we will contact you with our banking details on receipt of your completed form.

Thank you for your donation. Written receipts will be issued on receipt of donation. Should you wish to know more about START and its services please do not hesitate to contact us on (03) 355 4414.