



COMMUNITY IMPACT
FOUNDATION

DONATION FORM

Donor 1

Title

First Name:

Last Name:

<input type="text"/>	<input type="text"/>
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Postal Address:

Suburb:

State:

Postcode:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone (daytime):

Mobile:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Email address:

Donor 2 (optional)

Title

First Name:

Last Name:

<input type="text"/>	<input type="text"/>
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Postal Address:

Suburb:

State:

Postcode:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone (daytime):

Mobile:

<input type="text"/>	<input type="text"/>
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Email address:

Donation Details

Amount you wish to donate: (minimum \$50,000 is required to establish a new sub-fund)

This donation is made:

(please tick)

☐

To establish a new sub-fund in the Community Impact Foundation

Name you would like your sub-fund

recorded as:

Please note that sub-funds cannot include the word "Foundation", or "Fund". However, the words "Bequest", "Gift" or "Endowment" are all acceptable.

Do you wish grants from your sub-fund to remain anonymous?

Yes

No

☐☐☐

To contribute to a specific sub-fund in the Community Impact Foundation.

Please specify the name of the sub-fund:

☐

To the Community Impact Foundation for its general charitable purposes. I do not wish to establish a sub-fund.

Successor Nomination (optional)

Indicate below the details of the person you nominate to take over grant recommendations in the case of your death or if you experience mental incapacity or other legal disability.

Title

First Name:

Last Name:

<input type="text"/>	<input type="text"/>
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Postal Address:

Suburb:

State:

Postcode:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone (daytime):

Mobile:

<input type="text"/>	<input type="text"/>
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Email address:

Payment Methods

Cheque

If you are paying by cheque, please forward this completed application form and your cheque, made payable to **Community Impact Foundation**, to the address shown below.

Electronic Funds Transfer

If you are directly depositing funds, payment details are as follows:

Account Name: Community Impact Foundation

BSB: 182-512

Account Number: 963206727

Reference: Sub-fund name (as nominated above)

You should mail, email or deliver this application form to us immediately so that we can match the details with your deposit.

A tax deductible receipt will be sent to you upon receipt of your payment. If the funds have come from someone else and the receipt should be in a different name to your name stated above, please advise us.

Where to send your application

Community Impact Foundation

L8, 1 York St, Sydney NSW 2000

Phone: 02 9413 4404

Email: info@communityimpactfoundation.com.au

Processing your application

When we receive your money, whether to initially establish a sub-fund or to add to an existing sub-fund, no investment earnings (whether positive or negative) will accrue to the sub-fund until the commencement of the following month.

Acknowledgement (please tick)

- ☐ I have read the attached brochure for the Community Impact Foundation and agree to be bound by the provisions of the Deed of Trust and any other additional terms and conditions contained in this brochure.
- ☐ I understand that any donation once accepted by the Trustee represents an irrevocable donation to the Community Impact Foundation and is not refundable to me/us.
- ☐ I certify that I will not receive any benefit, directly or indirectly, from the charitable or community organisations recommended to receive grants from my/our sub-fund.
- ☐ I understand that the Trustee ultimately decides which eligible organisations will benefit from each sub-fund and is under no legal obligation to follow my/our recommendation.

Signature:

Date:

<input type="text"/>	<input type="text"/>
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Name:

Signature:

Date:

<input type="text"/>	<input type="text"/>
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Name: