

## Donation Form

**Trailwalkers Name**

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**Your Name (if different)**

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**Donation Amount**

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**Method of Payment (please circle)**

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Visa / Mastercard / Cheque

**Visa or Mastercard Details (if applicable)**

Cardholder's Name

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Credit Card Number

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Expiry Date

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Cardholder's Signature

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**Cheques (if applicable) – please make out to**

Apheda (Jabulani)

**Please post donation forms  
(with cheques) to**

Apheda – Jabulani Challenge  
19 Chelmsford Ave  
Lindfield, NSW 2070

**Receipt Address**

Street Address

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Post Code

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Your telephone number

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Telephone enquiries to Graeme Elgie on 9880-9350 (evenings) or 0400 240-104

**Please note:** Tax deductible receipts will be issued by Apheda approximately 4 weeks after the Event