

## **PERSONAL DETAILS**

#### Title **First Name** I would like to make a **single** donation of Surname regular donation of payable on Starting date of payment Address Number of payments I/We would like to be acknowledged as: Suburb Postcode State I/We would like to remain anonymous Yes / No Phone **OTHER WAYS TO GIVE** Email I/We would like to find out more to leaving a bequest Phone to the ECU Foundation Student/Staff ID

### DIRECTYOUR GIFT

ECU Foundation (area of greatest need)
WAAPA General Fund
Specific project or appeal

## PLEASE SEND THIS FORM TO:

Edith Cowan University Foundation Attn: Office of Development and Alumni Relations 270 Joondalup Drive, JOONDALUP WA 6027

For further information or to discuss your donation contact us: Email: development@ecu.edu.au Phone (08)6304-2761

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## PAYMENT DETAILS

**Donations by cheque:** Please make payable to **ECU Foundation Donation by credit card** 

Card Type	Visa	Mastercard	Name on Card		
Card Number			Cardholder Signature		
Expiry Date			OFFICE USE ONLY		
CCV			Donor ID (CRN1):		
			Pledge ID(CRN2):		
			Desis estis e ID (CDNs)		

# DONATION DETAILS