

St Mary's College Compassionate Fund



Name (circle) Mr Mrs Miss Ms Other

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Surname _____

Address No _____ Street _____

Suburb _____

City _____ Postcode _____

Phone _____ Mobile _____

Email _____

Date of Birth _____

Did you attend St Mary's College? Yes/No

If you answered no to above are you a past parent of a student of St Marys College? Yes/No

PLEASE DONATE TODAY

Value of Donation \$ _____

PAYMENT METHOD:

Cheque payable to: Compassionate Fund, SMC

Credit Card (circle one) Visa MasterCard

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Signature _____

If you wish to donate via internet banking:

Account Name: Compassion SMC

Account Number: 02-0248-0050618-026

Particulars: Surname (max 12 digits)

Code: mobile or land-line with area code

Reference: CompassionSM

Donations over \$5 are tax deductible. We thank you for your compassionate donation.

Please mail your donation response to:

St Mary's College

Compassionate Fund

P.O. Box 47003

Ponsonby, Auckland 1144

Tel 09-376 6568

Email compassion@stmaryak.school.nz

Web www.stmaryak.school.nz

☐ Please tick here if you prefer no further correspondence from St Marys College.