

# Donation Form 2010

EBL Disability Services Inc.  
Respite for Children and Adults with a Disability

## Donor Information (please print or type)

Name	
Billing address	
City	
State	
Postcode	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

## Pledge Information

I (we) plan to make this contribution in the form of:  
\_\_\_ cash \_\_\_ cheque \_\_\_ direct deposit \_\_\_ other.

## Acknowledgement Information

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

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\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please fax this form to 08 8281 5055 or email to [accounts@eblodge.net.au](mailto:accounts@eblodge.net.au) to obtain information for direct deposit.

Please make cheques payable to:

EBL Disability Services Inc.  
177 Lockheed Lane  
Parafield Airport SA 5106

*We appreciate your support!*