



**REGULAR DONOR**

Mr/Mrs/Miss/Ms/Dr Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email \_\_\_\_\_

**Payment Method**

Please tick a box  Mastercard  Visa

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Amount of Regular Donation \$ \_\_\_\_\_

**Interval for Regular Donation**

Please tick a box  Monthly (12 payments per year)  Quarterly (4 payments per year)

**Duration of Regular Donation**

Please tick a box

6 Months  1 Year  2 Years  Until Further Notice

**Donations of \$2.00 and over are tax deductible**

Thank you for supporting the Cat Protection Society of NSW

Please return regular donor form to:

**Cat Protection Society of NSW  
103 Enmore Rd  
Newtown NSW 2042**

(We send a receipt at the end of every financial year for your regular donor transactions)

You may fax this form to: 02 9557 8052

If you have any queries, please call Amy on 02 9519 7201

**Thank you**

