

TAX DEDUCTIBLE DONATION CREDIT CARD AUTHORISATION FORM

Please complete this form to authorise ORANA ARTS Inc. to charge the below credit card with the specified donation amount.

DONATION AMOUNT					
<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	<input type="checkbox"/> \$50	<input type="checkbox"/> OTHER: _____
CREDIT CARD INFORMATION					
CARDHOLDER NAME:					
CARD NUMBER:					
EXP: /	CCV:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD		
RECEIPT INFORMATION					
INDIVIDUAL / COMPANY NAME:					
ADDRESS:					
SUBURB:	STATE:	POSTCODE:			
EMAIL ADDRESS:					
PHONE NUMBER:					

I _____ authorise ORANA ARTS Inc. to charge the specified credit card for the amount indicated above. This charge is for a tax-deductible donation to ORANA ARTS. I understand I will receive my tax invoice via email.

I certify that I am an authorised credit card user and will not dispute this payment with my credit card company so long as the transaction corresponds to the terms indicated on this form.

SIGNATURE: _____

DATE: _____



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