

SOUTH AUSTRALIAN CIRCUS CENTRE



Yes, I want to ensure the sustainability of the circus centre so that it remains a place of creativity, excitement and passion for contemporary youth arts in the community.

I would like to contribute monthly to the centre by joining the Giving Program:

Donations of \$2 or more may be tax deductible
(Please tick)

\$25 \$50 Other \$ _____

OR I would like to make a one off donation

Donations of \$2 or more may be tax deductible
(Please tick)

\$25 \$50 Other \$ _____

Credit card payment

VISA Mastercard

Card number:

Card holder's name: _____ Signature _____

Expiry: /

OR Direct debit payment

BSB number: _____ Account number: _____

Account name _____ Signature: _____ Date: _____

Acknowledgement: By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Cirkidz Inc as set out in this Request and in your Direct Debit Request Service Agreement. I/we have read and agreed to terms and conditions supplied (signed above).

Your details

Name: _____ DOB: _____

Address _____

Best contact number: _____ Email: _____

Please send me information about making a bequest to Cirkidz

Please do not acknowledge my donation publicly

Further information

Cirkidz is a not-for-profit organisation

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