Have a Seat at Piesse! Donation Record

Please complete this form and return to Katanning Landcare with your donation.

Please circle:	Katanning Business	Service Group	School	Individual	Other
Name of organisati	on:				
Name of contact pe	erson:				
Contact number: Email:					
Postal Address:					
Donation Amount:	☐ \$270 for a whole be ☐ \$50 ☐ \$25	•	□ \$75 □ \$5	☐ Other amo	
Acknowledgement	:				
□ Plea	se acknowledge the org	ganisation name			
□ Plea	se acknowledge in my r	name			
□ Plea	se acknowledge in anot	ther name:			
□ Plea	ase keep my donation ar	nonymous			
-	will be published on our are available to do so.	website and in other	print media form	nats, and may be i	n the form
Signature of donor:	:				
Date:			<u>-</u>		
Payment Details:					
	an be made by cash, ch /Receipt will be issued u		ent.		
Cheques to be made					
EFT Details: Macquarie Bank	BSB – 186 200 ACT	– 1209 35317			
Please reference "B	ench" and your organis	ation or name, for exa	ample "Bench – I	Rotary" or "Bench	-Smith")
Office Use O	nly:				
· ·	thod: EFT	Amount re	Cash □ eceived:		





