

DONOR INFORMATION

First Name:		Last Name:	Last Name:		
Street:					
Suburb:		Town:		Postcode:	
E-mail:		Phone:	Phone:		
I'd like to receive campaign updates:			Yes	No	
PROJECT INFORMATION					
I / we wish to donate \$	as a gif	as a gift to Marian College.			
Chapel Sports Precinct		Performing Arts Pre	ecinct	Art / Textiles / Technology	
Science Block Library		Whare		General Fund	
or pledged over time as follow	Monthly payı	ments of \$	Annual pay	ayments of \$ yments of \$ 5 years (circle)	
DONOR RECOGNITION					
Name for recognition				/ we wish to remain anonymous	
I / wish to be contacted abo	ut:				
becoming a parion of the Chaper		he Honour Board and the Yarious levels of giving		a Bequest to the College via the Foundation	
OPTIONS FOR PAYME	NT				
Particulars: Your Surname an	ocese of Christchurch - Bar d Initials Code: M follow	ove. nk Account: 03 0802 0948733 wed by the first ten letters of project to of Christchurch to automaticall	e.g. M Chapel	Reference: Your Phone Number	
Card Number:				Mastercard Expiry: /	
Name of Card:	Sig	nature:			

Gifts are tax deductible to the extent allowed by New Zealand law | The Catholic Diocese of Christchurch is registered with Charities Services (CC33341)

By completing this form I consent to my information being stored and used for the financial, administrative and fundraising purposes of Marian College and The Catholic Diocese of Christchurch. I understand that my data will be held securely and that I have a right to access my information. I understand that when this information is no longer required for this purpose it will be disposed of according to the Diocese record disposal procedure.