

# Fax-Back Credit Card Donation Authority

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Your Name: .....

Organisation: .....

Address: .....

.....

Phone: .....

Email: .....

Donation Amount \$.....

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Cardholder Name: .....

Card Type:  Mastercard  Visa  Bankcard

Card Number: .....

Expiry Date: ..... (mm/yyyy)

I, the undersigned, confirm that I authorise the Wildlife Conservancy Of Tropical Queensland to debit my credit card for the donation amount shown above.

Signature: ..... Date: / /

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## Wildlife Conservancy Of Tropical Queensland

PO Box 526

Edge Hill, Queensland, 4870, Australia

Phone: 07 4093 2514

Email: info@mareebawetlands.com

Fax: 07 4093 2514

Website: www.mareebawetlands.com

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**Fax This Form Back To Us - 07 4093 2514 (International: +61 7 4093 2514)**