

[www.animalevac.nz](http://www.animalevac.nz) Registered charity CC55754

**REGULAR GIVING DONOR DETAILS FORM**

**(please complete and return to** **annmariel@animalevac.nz****, thank-you very much)**

**\* = fields required re issuing / sending tax receipt**

|  |  |
| --- | --- |
| First name(s) or business / organisation’s name**\***  |       |
| Surname **\*** |       |
|  |  |
| Street Address |       |
| Suburb |       |
| City |       |
| Country |       |
|  |  |
| Postal address (if different from above) **\***  |       |
|  |       |
|  |  |
| Landline phone number  |    Area code        Phone number |
| Mobile phone number  |       Prefix      Phone number |
| Email address **\*** |       |
|  |  |
| Donation amount **\*** |       |
| Frequency of payment (please tick one) **\***  | [ ]  Weekly [ ]  Fortnightly [ ]  Monthly [ ]  Other (please specify)       |
| Method of payment (please tick one)  | [ ]  **Automatic payment (A/P)** [ ]  **Online internet banking**[ ]  **Cheque (chq.)** [ ]  **Payroll giving**  |

 **REGULAR GIVING DONOR DETAILS FORM continued**

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| **SECTION A** – Please complete if making regular donation(s) by A/P, online internet banking, or chq. (for payroll giving please go straight to SECTION B instead) |
| End of year tax receipt required **\*****(not applicable to payroll giving)** | [ ]  Yes [ ]  No |
| Tax receipt to be sent by … **\***(please tick one) | [ ]  Email [ ]  Post |
| Tax receipt to be sent to … **\***(if details different from above) |       |

|  |
| --- |
| **SECTION B** – Please complete only if making regular donation(s) by payroll giving |
| Your employer’s business name |       |
| Your employer’s physical address |       |
|  |       |
| Postal address (if different from above) **\***  |       |
|  |       |
| Contact name |  |
| Contact’s position title  |  |
| Contact phone number |    Area code or mobile prefix       Phone number |