

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

**REGULAR GIVING DONOR DETAILS FORM**

**(please complete and return to** [**annmariel@animalevac.nz**](mailto: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**

|  |  |
| --- | --- |
| **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 |