



COCHLEAR
IMPLANT PROGRAM
An RIDBC service

**SCIC Cochlear Implant Program
Donor Services**
Phone: 1800 043 411
Fax: 02 9873 6795
Email: scicdonor.services@ridbc.org.au
Return Address:
Reply Paid 9828 in your capital city



1 My gift details

**Yes (please tick), I/we would like to make a monthly gift (minimum \$10)
of \$15 \$25 \$50 or my choice of \$ _____**

I/we understand that this amount will be debited from my/our bank account or credit card on the first business day of every month until advised in writing.



Yes (please tick), I/we would like to make a single gift of \$ _____

Payment details

Cheque/money order (enclosed and made payable to SCIC Cochlear Implant Program.) *Available for single gifts only.*

Credit card Mastercard Visa Amex

Card number _____ / _____ / _____ / _____ Expiry ____ / ____

Name on card _____ Signature _____

I/we wish to pay by direct debit *Available for monthly gifts only.*
By signing this document I/we authorise SCIC ABN 53443272865 to arrange for funds to be debited from my/our account at the financial institution identified below on the first business day of the month. This authorisation is to remain in force unless otherwise notified in writing.

Financial institution's full name _____

Account name _____

BSB _____ / _____ Account number _____

2 Authorisation and my contact details

By signing this document I/we authorise SCIC ABN 53443272865 to debit the nominated credit card or bank account with the amount specified above on the first business day unless otherwise notified in writing.

Signature(s) _____

Title Mr Mrs Ms Miss Dr _____ First Name _____

Surname _____

Phone _____ Email _____

Supporters who have given over \$2,000 as at 31st December may be named in our Annual Report, together with our significant supporters. Please tick here if you prefer not to be recognised in this way.