

Lord's Taverners Northern NSW Branch

CORPORATE PARTNERSHIP APPLICATION FORM

Name of Organ	isation:
Address:	
	(if different to above):
	Email:
Website:	
Name of Autho	orising Officer:
Position:	
	Date:
Name of Conta	ct Person:
Position:	
Telephone:	Mobile:
Email:	
Our preferred pa	nual Donation: \$1000.00 or above. Nyment method is via a direct deposit to the following Suncorp Bank Account: Output Outpu
	it card: complete the following details and forward this form to the address below:] Mastercard [] Amex [] (please tick one)
CVV: (Security nu	ımber on back.) <u>Amount</u> :
Expiry Date:	// <u>Name on Card</u> :
Signature:	
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OR enclose a cheque made out to: Lord's Taverners Northern NSW Inc and mail this with your completed Application Form to: The Treasurer, Lord's Taverners Northern NSW, PO Box 4133. Goonellabah NSW 2480

A Tax Invoice/Receipt will be sent to you after payment has been received and processed.

Thank you for partnering with us to help the young and disadvantaged achieve their academic potential.