

NELSON COLLEGE TRUST FOUNDATION

DONATION FORM



Date: _____

I / we _____ would like to make a contribution of

\$ _____ to the College's debt reduction.

My contact details are as follows:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Post Code: _____ Country: _____

Phone No.: _____ Email: _____

Years at NC: _____ to _____

I prefer to make my donation by:

Internet Banking

Nelson College Trust Foundation

Code: YOUR INITIALS

(use Surname and 1st letter of first name)

WP a/c No: 03 0703 0109520-00

Ref: NCDON

(use relevant Ref eg OBDON)

Credit card

Visa

Mastercard

Expiry: / /

Amount: \$.....

Cardholders Name: Signature:

Card No.:

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Please post this form or email to:

Nelson College Trust Foundation
Private Bag 16
NELSON 7040

Or email to: lj@nelsoncollege.school.nz

I require a tax receipt.

THANK YOU FOR YOUR GIFT