



Community Partner Registration Form

Organisation Name: _____

Address: _____

City: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

E-mail: _____ ABN: _____

Please name the CEO or equivalent: _____

Please name the Fundraising Manager or equivalent: _____

Detail your core activity/charter (include a copy of your Charter or similar document):

How many members/contributors do you have? _____

Is your organisation non-profit? _____

Do you have political associations or alliances? _____

Registered for GST? _____

For Electronic Funds Transfer, please provide:

Account Name: _____

Account Number: _____ BSB: _____

I, the undersigned, declare that the information provided on this registration form is true and correct and I have not withheld any information that may be relevant to our registration with Donation Home Loans Pty Ltd.

Signed on _____ of _____ 20 _____

Signature: _____

Name and title: _____

Please mail or fax to:

Donation Home Loans Pty Ltd ABN 90 374 211 816
982 Doncaster Road, Doncaster East, VIC, 3109
Fax 1300 30 99 78