

FILM DONATION FORM

Please fill in this form and post to 52 Victoria Street Paddington NSW 2021 or scan and email to robin@documentaryaustralia.com.au

Name (on tax receipt)			
Organisation (if applicable)			
Address			
Town/City	State I	Postcode	
Telephone	Email		
Proposed Funding Amoun	t \$		
PROJECT NAME			
Include a short message fo	or the film's profile pag	e (optional)	
Would you prefer to ren	nain anonymous?	Yes	No
Would you like to receive	•		No
Payment Ontions (pla	aca tick ana)		
Payment Options (ples	deposit to BSB 083-088	R <i>N/C</i> 18_780_560	1 (DAE)
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Card Number			e/
Name on Card			
Signature of Cardholder		CVV (3-4 digit	number)
Tax Deductions and Rela DAF operates in accordance of approve proposed grants to a filmmaker you cannot receive	with the Income Tax Asse locumentaries of related	party interests. If you	are related to the
☐ In submitting this f partner or spouse of the stand to gain any mater	e filmmaker/s of my	preferred project	, and that I do not

Thank you for your generous donation. Your receipt will be sent shortly.