

I/We are proud to support children who are blind or have low vision through this year’s Vision Australia Carols by Candlelight Matching Appeal.

Please accept my matching donation of: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile

E-mail

**PAYMENT METHOD**

[ ] Cheque made payable to ‘Vision Australia’ enclosed

[ ] EFT Transfer – Please quote reference: - VCBCF21 XM

Account Name: Vision Australia Ltd

BSB No: 083-004 Account No: 51542 6465

[ ] Please debit my credit card for the above amount \*

Visa [ ] MasterCard [ ] Amex [ ] Diners [ ]

Card No CCV

Expiry Date \_\_\_\_/\_\_\_\_ Name on card

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Please email the completed form to [renee.jess@visionaustralia.org](mailto:renee.jess@visionaustralia.org). For any enquiries regarding payment, please call Renee Jess on 0423 008 081.

Your donation may be recognised by name & amount on the Matching Appeal live site on 24th December. Please tick box here if you DO NOT wish to be recognised

Thank you for your commitment to children who are blind or have low vision.

