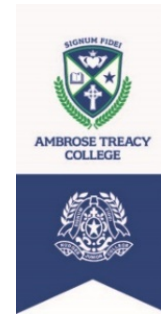


# GIFT INTENTION FORM

With help from our community the Ambrose Treacy College Foundation pledges to support boys who may not otherwise be able to access an education in the tradition of Edmund Rice. The experience of being part of a vibrant and stimulating community of students and staff is a tangible gift to boys on the margins. All gifts are received with great appreciation and are tax deductible. Return your completed form to the College office Attention Foundation Administration Officer Twigg St Indooroopilly Qld 4068



**AMBROSE  
TREACY  
COLLEGE**  
*foundation*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone (M):** \_\_\_\_\_ **(H):** \_\_\_\_\_ **(B):** \_\_\_\_\_

Current Parent    Past Student (NJC or ATC) Alumni Year \_\_\_\_\_    Past Parent    Staff    Past Staff

Friend of the College/Other \_\_\_\_\_

Yes, I would like to be a part of the Ambrose Treacy College tradition of giving. Please accept my gift of:

\$50  \$100  \$200  \$500  \$1,000  \$5,000  \$10,000  Other: \$ \_\_\_\_\_

A one off gift totalling: \$ \_\_\_\_\_

**OR**

My total gift to the foundation will be to be paid over \_\_\_\_\_ year(s) Please deduct 10 equal monthly instalments throughout the year each giving year Yes  No

**OR**

an annual payment of \$ \_\_\_\_\_ to be gifted in the month of \_\_\_\_\_

**Donor recognition:** I am/we are happy to have my/our names (not amount) included in the annual list of donors

Yes  No  Name to appear as: (eg Mr J and Dr K Smith)

\_\_\_\_\_ **OR**  I/we prefer to remain anonymous

**Method of payment** (tick the appropriate box):

Direct Deposit: Ambrose Treacy College Foundation Bursary Fund BSB 064 786 Account 021062104

Credit Card: Visa  Mastercard  Card Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_   Expiry: \_\_\_\_/\_\_\_\_

Cardholder's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Recurrent periodic payments from bank account:

Account Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Account Details: BSB \_\_\_\_\_ Account No. \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

Tax Receipt in the Name of: \_\_\_\_\_

**Thank you for the Opportunity of Education**