

Pledge Form



Donor Information (please print or type)

Name _____
Billing address _____
City, Post Code _____
Phone 1 | Phone 2 _____
Fax | Email _____

Pledge Information

Become a Devils Army member and donate \$20 or more per month and receive:

- A certificate of appreciation, invites to all events/seminars, quarterly newsletter

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution online at www.savethetasmaniandevil.com.au

I (we) plan to make this contribution in the form of: cash cheque credit card other.

Credit card type | Exp. Date _____

Credit card number _____

Authorised signature _____

Gift will be matched by (company/family/foundation) _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s) _____ Date _____

Please make cheques, corporate matches,
or other gifts payable to: Devil Island Project Group

