non-profit charity **everlived Inc.**

ABN 50 338 047 750 **donations over $2 are Tax Deductible**

✉ **Mail p.o. box 5171 studfield vic 3152**
☎ **Fax (03) 9764 9433**

Yes, I want to help

Please issue me a receipt (tick) ☐

(Mr/Mrs/Miss/Ms/Dr) First Name .....

Last Name .....

Street .....

Suburb .....State ..... Postcode .....

Phone ( ) ..... Mob .....

E-mail .....

Donation $ ..... to Everlived Inc. Necessitous Circumstances Public Fund

☐ **credit card** ☐ Visa ☐ Mastercard ☐ Bankcard

|_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|

Name on Card.....

Signature ✗ ..... Expiry ..... / .....

☐ **cheque** (make out to: Everlived Inc. Necessitous Circumstances Public Fund)

☐ **cash**

Funds raised will be deposited into Everlived Inc. Necessitous Circumstances Public Fund - endorsed as a deductible gift recipient under Subdivision 30-BA of the *Income Tax Assessment Act 1997*.

Thankyou for your amazing gift.

everlived Inc.

Prevention of harmful behavior: suicide, depression, gambling, substance, emotional, physical & sexual abuse. To assist and conduct social welfare and relief work including the relief of poverty, sickness, suffering and misfortune.

www.everlived.com.au