

Chiropractic Education Donation Form



Australian
Chiropractic
College

The information on this form is CONFIDENTIAL and will be maintained according to ACC's "Managing Sponsorship/Supporter/Student Credit/Debit Card Data" policy and procedure. Visit acc.sa.edu.au/policies-procedures for full details.

CONTACT DETAILS

Name/s

Address

Email

Mobile

SUPPORT CHIROPRACTIC EDUCATION - Please select your preferred donation option

C1 Founder Pledge

Agree to donate

\$1,000 per month for a period of 15 months

Adjustment Pledge

Agree to donate

\$250 per month for a period of 12 months

My Pledge

Agree to donate

\$ _____ per month for a period of ____ months

Please select the date you wish to have the payment processed:

15th of each month

25th of each month

You may cease or pause your donation at any time. Please advise Jane Shute if required jane.shute@acc.sa.edu.au.

PAYMENT DETAILS

Visa Mastercard American Express

Name on Card

Card Number

Expiry

CVV

Card Holder Signature

Please email your completed form to Jane Shute at jane.shute@acc.sa.edu.au. A receipt will be issued at the end of each financial year. Thank you for your generous support.