

Chiropractic Education Donation Form



Australian
Chiropractic
College

The information on this form is CONFIDENTIAL and will be maintained according to the ACC Secure Information Management Policy. Visit acc.sa.edu.au/policies-procedures for full details.

CONTACT DETAILS

Name/s

Address

Email

Mobile

What Name would you like to be recognised? _____ / (No Name)

Concor 1000 Pledge

Agree to donate
\$1,000 per month

Concor 500 Pledge

Agree to donate \$500 per month

Concor 150 Pledge

Agree to donate \$ 150 per month

My Pledge

Agree to donate
\$ _____ per month

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

Campus Enhancement Donation

My gift is \$ _____ towards the _____ (name of space)

OR

I would like to convert \$ _____ of my loan to a gift towards _____ (name of space)

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.

Adelaide Campus - Level 2 | 101 Grenfell Street, Adelaide SA 5000 *Kurna Country*

Melbourne Campus - (Melbourne City College) Training Room 1 | Level 9, 120 Spencer Street, Melbourne VIC 3000 *Wurundjeri Woi Wurrung Country*

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