



The Mater Dei Foundation

Notice of Intention

I / we wish to contribute to The Mater Dei Foundation in the following way:

(please tick appropriate box)

As an individual or family

| Classification of membership | Contribution required over 3 years | Monthly Contribution | Promised amount |
|------------------------------------|------------------------------------|--------------------------------------|-------------------------|
| Fellow <input type="checkbox"/> | \$3,000 or over | <input type="checkbox"/> \$84+ | \$ <input type="text"/> |
| Associate <input type="checkbox"/> | \$1,200 to \$3,000 | <input type="checkbox"/> \$34 - \$84 | \$ <input type="text"/> |
| Donor <input type="checkbox"/> | \$600 to \$1,200 | <input type="checkbox"/> \$17 - \$34 | \$ <input type="text"/> |

As a service club, corporation or business

| Classification of membership | Contribution required over 3 years | Promised amount |
|---|--|-------------------------|
| Fellow <input type="checkbox"/> | \$12,000 or over <input type="checkbox"/> | \$ <input type="text"/> |
| Associate <input type="checkbox"/> | \$6,000 to \$12,000 <input type="checkbox"/> | \$ <input type="text"/> |
| Donor <input type="checkbox"/> | \$3,000 to \$6,000 <input type="checkbox"/> | \$ <input type="text"/> |
| <i>Or make a one-off donation of</i> | | \$ <input type="text"/> |

I / we will subscribe as follows:

- One payment in full
- Cheque / money order – yearly / quarterly / monthly
- Credit card – monthly payments of \$
- Salary deductions
- Bequest

Mr/Mrs/Miss/Ms/Rev/Dr:

Organisation:

Address:Postcode:.....

Phone: (business) (home)

Signature: Date:

Gifts of \$2 and over are tax deductible

PO Box 3090 Narellan NSW 2567
ABN 58 995 762 996 Telephone: (02) 4655.7481 Facsimile: (02) 4655.9515

Auspiced by the Sisters of the Good Samaritan

Thank you