



Monthly Donation Form

I would like to support Arts Project Australia's to be a centre of excellence that supports artists with intellectual disabilities, promoting their work and advocating for inclusion within contemporary art practice by making a regular financial contribution.

First name

Last name

Street address

City

State

Post code

E-mail

Phone

I would like to make a contribution:

Please begin my regular contributions on:

Card type

Amount

My choice for this donation

Master Card

\$10.00

Visa

\$20.00

AMEX

\$30.00

Name on card

Card Number

Card Expiry

I am pleased to help Arts Project achieve their Mission and agree to the donation as detailed above (to be ticked by the Card Holder)

Once completed please forward this document to [Sandy Fernee email](mailto:Sandy.Ferne@artsproject.org.au) or to address or fax above