



ATSIMA DONATION FORM

Please post or email for to:

Aboriginal and Torres Strait Islander Mathematics Alliance
20 Madeline Road
Stirling SA 5152

I (your name or organisation's name), _____

of (your address) _____

Suburb _____ State _____ Postcode _____

Telephone _____

Email _____

authorise the Aboriginal and Torres Strait Islander Mathematics Alliance (ATSIMA) to debit my Credit Card

Card Type Mastercard Visa

Debit Frequency Once only Monthly Quarterly Annually

For the amount of \$

being my/our contribution to the Aboriginal and Torres Strait Islander Mathematics Alliance.

Card Number

Name on card _____

Expiry date ____ / ____

Signature _____

Office use only	
Received: _____	Processed: _____
By: _____	Code: _____