



THE PORIRUA FOUNDATION

AUTO-PAYMENT Commitment Form

Complete this form, print, sign & post to:

Porirua Foundation
PO Box 50003
PORIRUA 5240

I would like my contribution recorded as being from:

First Name	_____	Surname	_____
Address	_____	Company	_____
Suburb	_____	<input type="checkbox"/> Tick if GST is applicable	
City	_____	Email	_____
Post Code	_____	Telephone	_____
Country	_____	Mobile	_____

I agree to my contribution being published on the Porirua Foundation:

Website Newsletter Accounts

This contribution is a:

Donation **or** Sponsorship

I have set-up a monthly auto-payment to the Porirua Foundation, ASB Bank Porirua, 12-3254-0070002-00

Payments commencing _____ with the following reference _____

I wish for my contribution to be distributed as follows:

Amount 1 _____ **to** _____

Amount 2 _____ **to** _____

Amount 3 _____ **to** _____

Signature

Date

For Office Use Only

Your contact Trustee at the Porirua Foundation is: _____

Mobile _____ Email _____

Telephone _____

You will receive a receipt for your records at the end of the financial year

The habit of giving only enhances the desire to give