

Save a Life Program Registration



I would like to join the Save a Life Program as a:

Fuel for Life Partner

\$6,000 per annum / \$500 per month*

* Minimum 12 month pledge

Rescue Partner

\$12,500 per annum/ \$1,042 per month*

Medical Mission Partner

\$20,000 per annum/ \$1667 per month*

Details

Individual Name _____

Business or Club Business or Club Name _____ Main Contact Person _____

ABN (if applicable) _____

Address _____

Suburb _____ State _____ Postcode _____

Email address _____

Phone (Business/Home) _____ Mobile _____

Date ____ / ____ / ____ Signature as confirmation of registration: _____

Payment

*Receipts for tax purposes will be posted at the end of financial year

Amount \$ _____ Annually Quarterly Monthly Invoice Required (annual payment only)

Payment Method:

Credit card for full amount

Deposit to Westpac, BSB 034 604, Account 353785,

Reference _____ Date of your deposit _____

Cheque payable to LifeFlight Foundation Limited

Monthly/quarterly direct debit using credit card or bank details (*commence 15th / ____ / ____)

Please direct debit my credit card:

Visa Mastercard

□□□□ □□□□ □□□□ □□□□ Expiry □□ / □□

Name on Card _____

Signature _____ Date _____

Please direct debit my bank account:

Bank Name _____

BSB _____ Account Number _____

Name on Account _____ Signature _____

Please note: Direct debit authorisation will remain active until LifeFlight Foundation Ltd has written notification by an authorised representative to cancel the authority.