



SCHOOL DONATIONS FORM 2018

Family Name:	
First Name:	Room No.

Donation \$120 per child (\$110 if paid by 31/3/2018). 2 or more children in family \$35 per each extra child. This does not include the cost of any events or activities.	
Term 1	
Term 2	
Term 3	
Term 4	
TOTAL PAID	\$

Payment and forms should be placed in a sealed envelope with your child's name and room number on the outside. Donation may be paid termly if requested.

Office Use:

Full Year	\$ _____	Chq / cash / Eftpos	Receipt No. _____	Date: _____
Term 1	\$ _____	Chq / cash / Eftpos	Receipt No. _____	Date: _____
Term 2	\$ _____	Chq / cash / Eftpos	Receipt No. _____	Date: _____
Term 3	\$ _____	Chq / cash / Eftpos	Receipt No. _____	Date: _____
Term 4	\$ _____	Chq / cash / Eftpos	Receipt No. _____	Date: _____

**If you wish to pay by direct credit, our school account details are:
ASB GLENFIELD 12-3072-0339920-00.
Please ensure that you identify your payment with your family name and the word donation.**