# Creative Partnerships Australia

## AUSTRALIA CULTURAL FUND
## DONATION FORM

MACQUARIE

*Creative Partnerships Australia is a business name of the Australia Business Arts Foundation Ltd*
ABN 88 072 479 835

*The Macquarie Group Foundation is the national principal partner of the Australia Cultural Fund*

### MY DETAILS:

Title First name Surname Date of birth (optional)

Organisation (if applicable)

Address

Suburb State Postcode

Country

Email Telephone

### MY DONATION: $_____

### PREFERRED ARTIST/S:

Whilst I understand that no guarantee can be given, it is my preference that this donation is granted to:

***Accompanists' Guild of South Australia Inc for 2013 season of activities***

### TAX DEDUCTION:

Creative Partnerships Australia is a business name of Australia Business Arts Foundation Ltd. The Australia Business Arts Foundation operates the Australia Cultural Fund in accordance with the Income Tax Assessment Act 1997. Donations over $2 are eligible for tax deductions.

If you are a family member, partner or spouse of artist/s using the Australia Cultural Fund you cannot receive a tax deduction for a donation. In submitting this form you acknowledge that you are not a family member, partner or spouse of the preferred recipient/s.

### METHOD OF PAYMENT:

**Cheque**: Please make cheques payable to Creative Partnerships Australia

**Credit Card:** Visa ☐ Mastercard ☐

Expiry Date:

Name of Card Holder

Signature of Card Holder Date

☐ I would prefer to remain anonymous to the recipient

### THANK YOU FOR YOUR DONATION

If you have any questions about this please contact the Manager Australia Cultural Fund: acf@creativepartnershipsaustralia.org.au or 03 9616 0300. Post your donation form, cheque or credit card details to: Creative Partnerships Australia, Level 2, 405 Collins Street, Melbourne, VIC 3000 or fax credit card details to 03 9614 2550. Please note that Creative Partnerships Australia does not accept cash donations.

☐ I would like to receive a copy of Creative Partnerships Australia's e-news

**OFFICE USE**: DATE RECEIVED _____ ELIGIBILITY _____ DEXTER - DONOR _____

DEXTER - RELATIONSHIP _____ DONATION PROCESSED _____ RECEIPT AND LETTER _____