



Donation Form

Akademos Society Inc
Empowering Youth Through Education

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facebook.com/AkademosScholarship

CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

Last Name: _____ First Name: _____

Street Address: _____ Suburb: _____

State: _____ Postcode: _____

Telephone Numbers: Home _____ Work: _____

E-mail Address: _____

I would prefer that this contribution and/or my name be kept confidential. Thanks!

Monthly Donation:

Monthly pledge \$ _____ X 12 = \$ _____ Year

One-time Donation:

\$ 10 \$ 20 \$ 100 \$ 150 \$ 250

Other amount \$ _____

This donation is made on behalf of: an Individual a Business/Organization

METHOD OF PAYMENT

Direct Deposit

Account name: Akademos Society Account number: 063-154 1077 0389
Bank: Commonwealth Bank (BSB) (Account number)

PayPal <https://www.paypal.me/AkademosSociety>

Cash Payment

For cash payments please contact Arif on 0410948666.