



## Donation Form

**YES! I would like to make a tax deductible donation of \$..... to the  
Cora Barclay Centre**

Name.....

Address.....

.....

City..... State..... Postcode.....

Telephone..... Email.....

Please charge my

Visa     AMEX     Mastercard    OR:     Cheque/Money Order enclosed

Card Holder Name.....

Card No..... CVV\* .....

\*3 digits on reverse of your card

Signature..... Expiry Date: ..... /.....

Please send this form to:

Cora Barclay Centre  
PO Box 3018  
North Adelaide SA 5006

T: 08 8267 9200

F: 08 8267 9222

E: [administration@corabarclay.com.au](mailto:administration@corabarclay.com.au)