

For correspondence
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Donation receipting form

Faculty/Dept. _____ Contact Name _____

Building _____ Contact Phone/Ext _____

DONOR DETAILS

Name/Company Name: _____ Phone _____

Address _____ Email _____

Relationship to Faculty _____

Donor wishes to remain anonymous? Tick for Yes:

Designation/Gift Purpose (Scholarship/Research/Program): _____

Payment details

Code	Department account number	Payment description	Amount

TOTAL _____

Additional Notes:

Finance receipt number: _____

Date: _____