Funds Raised Form

Registration ID: _____

Group Name: _____

Contact Person: _____

Contact Number: _____

☐ Our event raised $_____ for UnitingCare.

☐ We were unable to hold an event but would like to make a donation of $_____.

Pancake Day supports the important work of UnitingCare organisations in SA.

◯ **Choose which organisation you would like to receive the money you raised.** CHOOSE ONE OPTION

Or

◉ **We are happy for UnitingCare to decide how to allocate the money we raised.**

Payment

Please use this form when **POSTING A CHEQUE** to
PANCAKE DAY RETURNS, GPO BOX 2145, ADELAIDE SA 5001
or to **NOTIFY ONLINE PAYMENT** or when **DELIVERING CASH**

◉ **Secure Online Payment** – Visa or Mastercard

Amount: $_____

Find the secure payment link on our website:
pancakeday.com.au

NOTE: you must have your **Registration ID** to process your payment.

Direct Credit/EFT available only by contacting UnitingCare SA by phone or email – see details below.

◯ **Cheque**

Payable to:
UCSA Synod SA – Pancake Day
Post a cheque with this form to:
Pancake Day Returns
GPO Box 2145, Adelaide SA 5001

Office Use Only

Amount $ Date ____/____/____

Receipt No

074010-100-499 Initials

UnitingCare South Australia ABN 25 068 897 781

Level 2, 212 Pirie Street, Adelaide SA 5000

GPO Box 2145, Adelaide SA 5001 Phone 08 8236 4255

Mail to pancakeday.com.au **pancakeday@sa.uca.org.au**

The Uniting Church has a secure online banking feature which will process your credit or debit Visa or Mastercard

UnitingCare South Australia