

Level 3, Gate 1b, 800 Heaphy Terrace, Hamilton, 3210
PO Box 14161, Hamilton 3252
Ph 64-7-855 7739
www.waikatoshow.co.nz



Waikato Winter Show Association Donation Confirmation

Date: _____/_____/_____

Company: _____

Name: _____

Address: _____

Email: _____

Mobile: _____ Phone: _____

I/we agree to donate \$5 \$10 \$20 \$50 \$100 or \$ _____

Signature: _____ Print name: _____

Payment Options

Direct Credit to: **BNZ 02 0342 0004693 00**
Ref: = Name and Member

Please tick one

Cheque: Please make cheques payable to Waikato Winter Show Assn

PLEASE NOTE: *The Waikato Winter Show Association is registered with Charities Services.
Receipts for donations will be issued to enable a tax credit.*

Please complete this form, take a copy for yourself and return it to:
admin@showingwaikato.co.nz

or post to:
Waikato Winter Show Assoc
PO Box 14161,
Hamilton 3252, NZ

Thank you for your support

FOR OFFICE USE ONLY

INVOICE NO:

Date Paid