



Thank you

Tax Receipt Request Form

Are you collecting cash donations at your Longest Table?

If so, your guests may wish to receive a tax-deductible receipt. Please ensure you complete their details below so we can issue their receipt upon the return of this form.

Host information

<i>my unique reference number</i>	
SID-00	
First Name:	
Last Name:	
Table Name:	
Phone:	
Email:	

- If donation was made online please **DO NOT** fill in the details below. This form is for cash donations only.
- Hosts - Please photocopy this sheet for your own reference.
- Donations of \$2 or more will receive tax-deductible receipts.
- Please fill out form in clear BLOCK LETTERS.
- Please fill out all fields in this form. Receipts will not be distributed if fields are incomplete.

Donor 1 (Cash Donation)

Donation amount:	\$		
Full Name:			
Address:			
City:	State:	Postcode:	
Phone:		Mobile:	
Email:			
<input type="checkbox"/> I would like my receipt posted in the mail			
<input type="checkbox"/> Yes, I would love more information about The Longest Table			

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Donor 2 (Cash Donation)

Donation amount:	<input type="text" value="\$"/>		
Full Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		
<input type="checkbox"/> I would like my receipt posted in the mail			
<input type="checkbox"/> Yes, I would love more information about The Longest Table			

Donor 3 (Cash Donation)

Donation amount:	<input type="text" value="\$"/>		
Full Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		
<input type="checkbox"/> I would like my receipt posted in the mail			
<input type="checkbox"/> Yes, I would love more information about The Longest Table			

Donor 4 (Cash Donation)

Donation amount:	<input type="text" value="\$"/>		
Full Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		
<input type="checkbox"/> I would like my receipt posted in the mail			
<input type="checkbox"/> Yes, I would love more information about The Longest Table			

**If you have any questions, please contact the Longest Table team
on (08) 7002 0813 or email contactus@thelongesttable.com.au**

