



SOUTH EAST ANIMAL WELFARE LEAGUE INC  
MEMORIAL WALL PLAQUE APPLICATION



CONTACT NAME .....

Address ..... Town ..... Postcode.....

Email .....

Phone (H) ..... (M) .....

Signature (of contact name) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Pet Name on Plaque / Dates .....Date from / / to / /

PLEASE TICK

	<b>MEMORIAL WALL APPLICATION FEE</b>	<b>\$110 inc GST</b>
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Payment Details (please tick one)

- Direct Deposit      BSB No: 633000    Account No: 144355278
- Cash \$..... (Cash payments can only be made at the SEAWL)
- Cheque/ Money Order for \$..... (Made payable to SEAWL)
- Visa / Mastercard    I authorise SEAWL to charge the sum of \$..... to my credit card.

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Signature ..... Expiry Date \_\_\_/\_\_\_/\_\_\_      CCV No .....

**Office Use**

Receipt Date: \_\_\_/\_\_\_/\_\_\_      Receipt No: \_\_\_\_\_      Letter & Photo Sent: \_\_\_/\_\_\_/\_\_\_