

## Donation Application

Carer support groups who do NOT have an ABN must complete this form and return it, along with a Statement by a supplier form, to [commsteam@carersnsw.org.au](mailto:commsteam@carersnsw.org.au) by 5.00pm on Monday, 24 June 2024.

<b>Support group name:</b>		<p><b>Carers NSW</b> Level 10 / 213 Miller Street North Sydney NSW 2060</p> <p>PO Box 785 North Sydney NSW 2059</p> <p>Phone: 02 9280 4744 <a href="mailto:contact@carersnsw.org.au">contact@carersnsw.org.au</a></p> <p><b>ABN 45 461 578 851</b></p>
<b>Support group mailing address:</b>		
<b>Support group meeting address:</b>		
<b>Name of nominated donation recipient on behalf of the support group:</b>		
<b>Donation recipient's address:</b>		
<b>Donation recipient's phone number:</b>		

Description of activities taking place during National Carers Week	Amount
<b>Total</b>	