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# Your donation counts

Setting up a regular giving donation to When Bee Foundation will help us with our mission – to support research that addresses the national and global threats to bees.



## Vital work to ensure our food security

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The When Bee Foundation supports research projects and activities aimed at keeping honey bees healthy. Working with all levels of government, the apiculture industry, bee-reliant food industries, universities, research organisations and community, we fund vital strategic research and education initiatives that strengthen honey bees, improve pollination efficiency and increase food security.

FOOD  
SECURITY  
NEEDS  
**BEE**  
SECURITY

## Two ways to set up monthly giving

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### ONLINE

Visit our website at **[whenbeefoundation.org.au](https://whenbeefoundation.org.au)** for one-off or monthly donations.



### POST

Mail this Credit Card Authorisation form to:  
When Bee Foundation  
96 Harbours Road  
Yendon VIC 3352

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**[whenbeefoundation.org.au](https://whenbeefoundation.org.au)**



**WHEN BEE**  
FOUNDATION

# Credit Card Authorisation

Please complete all fields. You may cancel this authorisation at any time by contacting us.  
This authorisation will remain in effect until cancelled.

**Yes, I want to help protect bees by donating to When Bee Foundation the following amount from my credit card each month:**

**\$20**     **\$50**     **\$75**     **Other** (please specify) \_\_\_\_\_

I don't mind which day payments are deducted.     I would prefer payments are deducted on the \_\_\_\_ day of each month (or first business day following).

**Choose the fund you wish to support:**

- Honey Bee Research Fund
- Strategic Bee Rebuild & Recovery Fund
- Rita Fund – Supporting Australia's Native Bees
- Green Carpenter Bee Conservation Fund

## Your Details

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Business Name \_\_\_\_\_ ABN \_\_\_\_\_

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

## Credit Card Information

Card Type     MasterCard     Visa

Cardholder Name (as shown on card) \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date (mm/yy) \_\_\_\_ / \_\_\_\_    Card CVV \_\_\_\_\_

I, \_\_\_\_\_, authorise When Bee Foundation to charge my credit card for the amount I have nominated above. I understand that my information will be stored securely in accordance with the Payment Card Industry Data Security Standards (PCI DSS).

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

