



Donation Form

MND Australia Inc.

Please accept my donation to support the vital work of **MND Australia**

Title: Name:.....

Company:

Address:State:..... Postcode:

Phone (home/work):Phone (mobile):

Email (please print):

I enclose a donation of \$

All donations of \$2 and over are tax deductible.

(Optional) This donation is in memory of:

(if you would like MND Australia to inform the family that you have made a donation in memory of their loved one please provide their name and relationship to deceased and contact details)

(Optional- donation description) This donation is:

Method of payment:

I enclose my cheque or charge my credit card: MC Visa

Card number: -----/-----/-----/-----

Expiry;/.....Cardholder's name (BLOCK LETTERS)

.....

Signed:Date:...../...../.....

I would like more information about:

- Motor neurone disease
- My local State Association
- Making a bequest in my Will
- MND Research

I do not wish to receive fundraising mail from the Association

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Promoting MND Care and Research in Australia