



# Donation Form

## MND Australia Inc.

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

Title: ..... Name:.....

Company: .....

Address: .....Suburb:..... 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*

Name:.....Relationship to deceased: .....

Address: .....Suburb:.....

State:..... Postcode :.....

**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

**Motor Neurone Disease Australia Inc.**  
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*Promoting MND Care and Research in Australia*