



MND Australia Inc.

Donation Form

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:

(Optional) This donation is in support of the CPA Australia President's Charity

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
- Becoming a volunteer
- Making a bequest in my Will
- MND Research
- I do not wish to receive fundraising mail from the Association

Motor Neurone Disease Australia Inc.

PO Box 785, Gladesville NSW 1675 Australia
Tel: +61 (0)2 9816 5322 Fax: +61 (0)2 9816 2077
info@mndaust.asn.au www.mndaust.asn.au
ABN 52 650 269 176