

Donation Form MND Australia Inc

Please accept my donation to support the vital work of MND Australia Title Name..... Company (if applicable) Address Suburb State Email (please print) I enclose a donation of \$ All donations of \$2 and over are tax deductible. A receipt will be sent to you at the above address. (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 Address.....Suburb State Postcode Method of payment - please tick relevant box: I enclose my cheque I have made a direct credit to the MND Australia Inc bank account: BSB: 062-171, Account No: 10227916, Commonwealth Bank, Gladesville NSW Please charge my credit card: MC **AMEX** Visa Card number **Expiry** Cardholder's name (BLOCK LETTERS) **Privacy Statement** Signed:Date...../...... MND Australia adheres to the Privacy Act. Your information is not disclosed to third parties. Please complete and return to MND Australia: Email: info@mndaustralia.org.au Please tick this box if you do not wish to Post: PO Box 117, Deakin West, ACT, 2600 receive further mail from MND Australia.

> Motor Neurone Disease Australia Inc. ABN 52 650 269 176 ARBN 609 051 792