



Motor Neurone Disease Association of New South Wales Inc.

Donation

Please accept my donation to support the vital work of the Motor Neurone Disease Association of New South Wales

Title: Surname:
First Name:
Address:
Postcode:
Phone (home): 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:

Method of payment:

I enclose my cheque OR Charge my credit card: Amex MC Visa

Card number [grid] Expiry [grid]

I authorise MND NSW to charge the sum of \$ to my credit card (details above) on the 20th day of each month as a donation to the Association.

I understand that this contribution can be changed or cease at my instruction at any time.

Cardholder's name (BLOCK LETTERS)

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

- I would like more information about:
Motor neurone disease
Becoming a member of MND NSW Association
My local branch or support group
Becoming a volunteer
Making a bequest in my Will

I do not wish to receive fundraising mail from the Association