Motor Neurone Disease NSW Donation Form

Please accept my donation to support the vital work of Motor Neurone Disease New South Wales (MND NSW)

Title _____ Name _____

Organisation *(if applicable)* _____

Address _____

_____ Postcode _____

Phone (h/w) _____ Mobile _____

Email _____

☐ I enclose a donation of $ _____

☐ *(Optional)* This donation is in memory of _____

☐ I authorise MND NSW to charge the sum of $_____ to my credit card (details below) on the _____ (advise preferred date) of each month as a donation to MND NSW.
I understand that this contribution can be changed or cease at my instruction at any time.

Signature _____ Date _____/_____/_____

Method of payment

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

Card number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry ☐☐/☐☐

Name of Cardholder _____

Signature _____ Date _____/_____/_____

☐ I would like more information about:

- ☐ Motor neurone disease
- ☐ Becoming a member of MND NSW
- ☐ My local support group
- ☐ Becoming a volunteer
- ☐ Making a bequest in my Will

☐ I do not wish to receive fundraising mail from MND NSW

All donations of $2 and over are tax deductible.

Follow us on Facebook and Instagram

Motor Neurone Disease New South Wales Ltd.

Please return this form to: Locked Bag 5005 GLADESVILLE NSW 1675 or fundraising@mndnsw.asn.au

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