

AMDF DONATION FORM

Yes, I would like to make a donation today!



PLEASE ACCEPT MY DONATION

\$

I WOULD LIKE TO PAY

BY CREDIT CARD

BY CHEQUE / MONEY
ORDER (ENCLOSED)

CREDIT CARD NUMBER

EXPIRY DATE

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

TITLE

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

POST CODE

PHONE

MOBILE NUMBER

E-MAIL ADDRESS

MAKE CHEQUES PAYABLE TO: AUSTRALIAN MITOCHONDRIAL DISEASE FOUNDATION LTD

DONATIONS OF \$2 OR MORE ARE TAX DEDUCTIBLE – AN OFFICIAL RECEIPT WILL BE ISSUED

BY MAIL:

SUITE 3, LEVEL 1
21 MARY STREET
SURRY HILLS, NSW, 2010

SCAN AND E-MAIL:

donations@amdf.org.au

THANK YOU!