

# 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 NUMBER	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 4, LEVEL 6  
9-13 YOUNG STREET  
SYDNEY, NSW, 2000

**BY FAX:**  
+61 2 9999 3474

**SCAN AND E-MAIL:**  
donations@amdf.org.au

Thank you!