

DONATION FORM

I would like to make a donation of \$_____ to ParaQuad.

A cheque is enclosed (payable to the Paraplegic & Quadriplegic Assoc. of NSW)

I request ParaQuad to charge my credit card:

Bankcard

Mastercard

Visa

Name on card: _____

Card No:

Expiry date: ____/____

Signature: _____ Member #: _____

Please post a tax receipt to:

Name: _____ Phone: _____

Company: _____

Address: _____

Suburb: _____

State: _____ Post code: _____

Email: _____

Please do not contact me; I'll give when I can.

Additional Information:

With your permission we'd love to share the story of your kind donation with the ParaQuad community and benefactors. If there is a story behind this donation, please let us know about it!

You may publish my/our name(s) as _____

A story and photos (if available) are enclosed with this form.

I/We will send you these at a later date to Friends of ParaQuad, Reply Paid 6347, Silverwater DC NSW 1811, or by email to paraquad@paraquad.org.au

ParaQuad NSW complies with the National Privacy Act. To view our privacy policy, visit our website at www.paraquad.org.au phone (02) 8741 5600 or send us an email to paraquad@paraquad.org.au

DONATIONS OF \$2 OR MORE ARE TAX DEDUCTIBLE