



Donation Form

A. Donation Type

Single Monthly

B. Please accept my gift of

\$35 \$50 \$100 OR my choice of \$_____

I wish to include Deafness Forum in my will. Please tell me how.

C. Payment Details

My cheque/money order is enclosed and made payable to Deafness Forum Ltd

Please debit the above amount to my credit card: Visa/Mastercard

For monthly donations please debit my credit card on the 1st 15th 30th of each month

Card No:

Name on card: _____

Expiry date: ____/____/____

Signature: _____

D. Your Details

Title: _____ First Name: _____ Last Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone (h): _____ Phone (w): _____ Phone (m): _____

Email: _____

E. Please return this form to:

Deafness Forum Ltd
218 Northbourne Avenue Braddon ACT 2612
Fax: (02) 6262 7810
Email: info@deafnessforum.org.au

Thank you for your donation. All donations over \$2 are tax deductible.
ACN 008 587 611 ABN 49 008 587 611