

DONATION FORM

Yes! I wish to support Ability First Australia and help maximise the potential of Australians living with disability.

I would like to make a one off donation of \$ _____

I would like to set up a monthly/ quarterly/ annual donation (from my credit card) of:

\$25.00 \$50.00 \$100.00 Other amount \$

Dr/Mr/Mrs/Ms _____

Address _____

Telephone _____

Please find my cheque / money order enclosed (payable to **Ability First Australia**): or

Please charge my credit card:

Bankcard Mastercard Visa Amex

_____/_____/_____/_____

Card Holder's Name _____ Expiry Date _____

Card Holder's Signature _____

**Please mail or fax to: Ability First Australia
Level 4, 6 Bridge Street
Sydney NSW 2000**

Fax: 61 2 8259 7778