Donation Form

I would like to make a donation of $ _____ to Forward.

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

☐ I request Forward to charge my credit card:

☐ Bankcard ☐ MasterCard ☐ Visa

Name on card: _____

Card no: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry date: ☐☐ / ☐☐

Signature: _____

Membership no. _____

Please post a tax receipt to:

Full Name: _____ Company: _____

Address: _____

Suburb: _____ State: _____ Post code: _____

Email: _____ Mobile: ( ) _____

☐ 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 Forward 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.

Forward complies with the National Privacy Act. To view our privacy policy, visit our website at wwwfas.org.au or phone (02) 8741 5600 or send us an email to info@fas.org.au

DONATIONS OF $2 OR MORE ARE TAX DEDUCTIBLE

CFN: 10736

ABN: 42 000 355 948

Forward
ability support since 1961

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