

Diabetes WA Donation Form

To:	Diabetes WA	Attn:	Fundraising Team
Fax Number:	(08) 9221 1183	Date:	
No. of Pages:		From:	

Contact Details

First Name:	Surname:
Address:	
Suburb:	Postcode:
Home Phone:	Work Phone:
Mobile Phone:	
Email:	
Diabetes WA Member Number:	

I wish to remain anonymous

Donation Details

Yes, I would like to help Diabetes WA by contributing the following amount:

\$25
 \$50
 \$75
 \$100
 Other (please specify) _____

Please indicate where you would like your funds to be directed:

- Diabetes WA general donation
 Christmas Appeal
 Annual Appeal
 Other: _____

Method of Payment

- Bank Cheque or Money Order** (made payable to Diabetes WA)
 Direct Deposit of Funds (please attach proof of transfer of funds)
Bank: Bank West **Account Name:** Diabetes Association of WA Inc
BSB: 306 035 **Account Number:** 4159917
 Credit Card

MasterCard / Visa

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Credit Card Holder's Name: _____ Expiry Date: ____/____/____

Signature: _____

Donations of \$2 and over are tax deductible.

Your support and generosity is appreciated. Thank you!