ParaQuad
Paraplegic & Quadriplegic Association of NSW
Supporting people in our community

General Donations
Please complete and return to:
ParaQuad Donations
Reply Paid 6347
SILVERWATER DC NSW 1811

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.

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

CFN: 10736
ABN: 42 000 355 948