

## Donations for “Motor Neurone Disease”

Please complete the following details and return the Reply Slip with your DONATION to:

**WANTZ Committee,  
C/- Mrs. Janet Nathanson,  
Suite 83, Level 4, Sandford Jackson Building,  
30 Chasely Street,  
Auchenflower, Qld 4066.**

Yes, I would like to make a donation.  
 I enclose the following amount:

\$50.00       \$100.00       \$200.00       Other \$ \_\_\_\_\_

Name of Donor/Sponsor: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Method:

My cheque for the sum of \$ \_\_\_\_\_ is enclosed.  
(Please make cheque payable to “MND AQ”)

**OR:**

Please charge my credit card for the amount of \$ \_\_\_\_\_  
 MasterCard       Viscard

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Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_