

# OFFLINE DONATION FORM

## JOIN THE FIGHT

TITLE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

EMAIL (to receive your receipt): \_\_\_\_\_

☐ Tick to subscribe to Fight MND newsletter and email updates

**PLEASE FIND ENCLOSED MY DONATION TO FIGHT MND FOR:**

☐ \$500 ☐ \$100 ☐ \$50 ☐ \$25 OTHER AMOUNT: \_\_\_\_\_

**WOULD YOU LIKE TO MAKE THIS A REGULAR DONATION? (Please Tick if Yes)**

☐ YES Please select frequency (circle):    Fortnightly    Monthly    Biannually

**METHOD OF DONATION (Please tick appropriate)**

☐ **Credit Card** (Please fill in details below)

CREDIT CARD NUMBER :    \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME ON CARD: \_\_\_\_\_

EXPIRY: \_\_\_\_ / \_\_\_\_    CVV #: \_\_\_\_    SIGNATURE: \_\_\_\_\_

☐ **Cheque or Money Order** (Make cheque out to : **FightMND**)

☐ **Direct Deposit** : Our bank details are:

NAME: FightMND

BANK: National Australia Bank

BSB: 083 004

ACCOUNT #: 73 138 9056

**Once completed, please return form to:**

Fight MND

PO BOX 23390

DOCKLANDS, VIC 8012

or email to: [admin@fightmnd.org.au](mailto:admin@fightmnd.org.au)

FightMND is the  
trading name of  
the Cure for MND  
Foundation

Registered Charity

ACNC:  
72640350704