Celebrating 15 years

Macular Disease Foundation AUSTRALIA

Our focus is your vision

Donor Authority Form (Credit Card)

I would like to make a regular donation to the Macular Disease Foundation Australia.

Title **First Name** **Last Name**

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$ **Donation amount** **Commencement date**

Frequency: ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half yearly ☐ Yearly

Please direct my donation to: (please choose one only)

☐ Where most needed **OR** ☐ Support and Services **OR** ☐ Research

To minimise administration costs, regular donors will be issued an annual receipt at the end of the financial year. If you would prefer to receive individual receipts for each donation please tick this box: ☐

Please debit my: ☐ Visa ☐ Mastercard ☐ Amex ☐ Diners

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Credit card number **Exp date**

Name on card **CCV**

Signature

Office use only

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Mail this completed form in the enclosed reply paid envelope.

Or send to: Macular Disease Foundation Australia
Reply Paid 85946
SYDNEY NSW 2000

Or fax to: 02 9261 8912

The Foundation is grateful for the support of all donors.
Donations of $2.00 and over are allowable income tax deductions.