Scleroderma Victoria Inc.

Incorporation No.A0017798A ABN 45 674 166 348

DONATION FORM

Mr / Mrs / Miss / Ms / Dr First Name _____

Family Name _____

Address _____

_____ State _____ Postcode_____

Contact number/s_____

Email _____

I/we wish to make the following donation(s):
(Donations of $2.00 and over are tax deductible)

To Scleroderma Victoria $_____

To the Kerry McDonald Memorial Equipment Fund $_____

☐ Please tick if receipt required **Total** $_____

Reason for donation: _____

_____

METHOD OF PAYMENT

☐ Credit Card – Please use the secure online payment gateway at sclerodermavictoria.com.au

☐ EFT **(please use 'Donation (you surname)' as your reference)**

Account Name: Scleroderma Victoria Inc. Account No: 10157937 BSB: 063215

☐ Cheque/Money Order

Please debit: ☐ Mastercard ☐ Visa

___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ Expiry date ___ /____
Credit Card No.

Cardholder's Name _____ Signature _____ CCV* __ __ __
*Must be provided for your payment to be processed

Completed forms can be retuned to:

The Secretary, Scleroderma Victoria
St Vincent's Hospital, 41 Victoria Parade, Fitzroy Vic 3065

Or scan and email to: eng@sclerodermavictoria.com.au
Visit www.sclerodermavictoria.com.au for more information

THANK YOU FOR YOUR SUPPORT