

Scleroderma Victoria Inc.

DONATION FORM

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		\$
To Scleroderma Australia for research		\$
Please tick if receipt required Total		\$
Reason for donation:		
METHOD OF PAYMENT Credit Card – Please use the secure online pa EFT (please use your surname as your Account Name: Scleroderma Victoria Inc.	reference)	
-	71000dill 140. 10107007	BOB. 000210
Cheque/Money Order Please debit: Mastercard Credit Card No.	Visa _ / Expiry dat	e/
Cardholder's Name	_ Signature *Must be provided for y	CCV*

Completed forms can be retuned to:

The Secretary, Scleroderma Victoria
P.O. Box 57, MELTON, VIC, 3337
Or scan and email to: enq@sclerodermavictoria.com.au
Visit www.sclerodermavictoria.com.au for more information

THANK YOU FOR YOUR SUPPORT

Incorporation No:.A0017798A ABN 45 674 166 348