



Carers
New South Wales

Donation Form

your details

Name (Mr/Mrs/Miss/Ms): _____

Organisation (if applicable): _____

Position: _____

Address: _____

Postcode: _____ Phone: _____

* Contact details are for receipt purposes only

I would like to make a donation*: (donations of \$2 and over are tax deductible)

\$10.00 \$25.00 \$50.00 \$100.00 other \$_____

***I am happy to be RECOGNISED AS A DONOR in Carers NSW publications**
YES/NO

Please find enclosed:

my cheque/money order:
(payable to Carers NSW Inc)

or **charge my:** Visa Mastercard

credit card details:

card no.: _____

expiry date: ____ / ____ / ____

card name: _____

signed: _____

Please mail completed forms and cheques to:

Carers NSW
PO Box 20156 World Square NSW 2002

Or fax to: **02 9280 4755**