



## DONATION AND SUBSCRIPTION

I/we enclose my **cheque/money order** for:

Fees [\$\_\_\_\_\_] Donation of \$25, \$50, \$100 or \$\_\_\_\_\_

### Donations over \$2 tax deductible

Member/s Names: \_\_\_\_\_

\_\_\_\_\_

**Payable - Treasurer,  
Fairholme Disability Support Group Inc.  
PO Box 894, West Perth WA 6872**

**Or direct debit into the Commonwealth Bank**

**BSB No. 066 130      Acc No. 00904988**

Or please **debit my: Bankcard or Visa or MasterCard: [Please circle]**

Card No. \_\_\_\_\_

Card Expiry Date \_\_\_/\_\_\_

Card Holder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Your membership/donation is gratefully appreciated.**

Please send me information about:

- Membership
- Sponsorship
- Remembering Fairholme Disability Support Group Inc. in my Will;
- 'In Memory' donations; and
- Other

By contacting the Secretary

**Rachel Ivic**

**Fairholme Disability Support Group Inc.**

**Telephone: 08 296 1330 Mobile: 0413 011 610**

**Website: [www.fairholmedsg.com](http://www.fairholmedsg.com)**

**Email: [tilz\\_in@bigpond.com](mailto:tilz_in@bigpond.com)**

**ABN: 21 902 498 771 [GST Registered] Public Benevolent Institution [PBI] and Deductible Gift Recipient [DGR]  
Charitable Collections Licence No. 20543      Donations over \$2 tax deductible**