



## MEMBERSHIP & DONATION

I/we enclose payment for:

Fees \$ \_\_\_\_\_ Donation of \$25 \$50 \$100 or \$ \_\_\_\_\_

**Donations over \$2 tax deductible**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Cheque or Money Order

**Made Payable To:** Fairholme Disability Support Group Inc.

**Post to:** The Treasurer  
PO Box 894  
West Perth WA 6872

**Direct Debit** Commonwealth Bank  
BSB No. 066 130 Acc No. 00904988

### Bankcard or Visa or MasterCard: [Please circle]

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

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

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

Address: \_\_\_\_\_

Pcode \_\_\_\_\_

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