

Date: _____

I would like to make a donation to the AMA (NSW) Charitable Foundation.

My cheque is enclosed for \$ _____, or

Name: _____

Please debit my credit card for \$ _____

Address: _____

Mastercard Visa Card Diners (please circle)

_____ PostCode _____

Card No: _____

Signature _____ Expiry Date: _____

Postal Address:
AMA (NSW) Charitable Foundation
PO Box 121
ST LEONARDS NSW 2065

or FAX TO: (02) 9438 3104

Receipts will be issued.
