

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)

Card No: _____

Post Code: _____

Signature: _____ Expiry Date: _____

Postal Address:

AMA (NSW) Charitable Foundation

or FAX TO: (02) 9438 3760

PO Box 121

St Leonards NSW 1590

Receipts will be issued
