

DONATION FORM

Yes! I wish to support Ability First Australia and help Australian's living with disability access programs that maximise their potential by creating opportunities for them to make their own choices.

I would like to make a donation of: \$_____ to Ability First Australia

Frequency of Donation: Single Weekly Monthly Yearly

Dr/Mr/Mrs/Ms _____

Address _____

Telephone _____

Please find my cheque / money order enclosed (payable to **Ability First Australia**): or

Please charge my credit card:

Bankcard Mastercard Visa Amex

_____/_____/_____/_____

Card Holder's Name _____ Expiry Date _____

Card Holder's Signature _____

**Please mail or fax to: Ability First Australia
Level 39
259 George Street
Sydney NSW 2000**

Fax: +61 2 8259 7778