

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

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

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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

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