



**Charitable Foundation**

Postal Address:  
AMA (NSW) Charitable Foundation  
PO Box 121  
St Leonards NSW 1590  
or FAX TO: (02) 9438 3760

**Receipts will be issued**

Date \_\_\_\_\_

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

Name \_\_\_\_\_

My Cheque is enclosed for \$ \_\_\_\_\_ OR

Address \_\_\_\_\_

Please debit my credit card for \$ \_\_\_\_\_

\_\_\_\_\_

☐ Mastercard   ☐ Visa   ☐ Diners

\_\_\_\_\_

Card No.

State \_\_\_\_\_

Postcode \_\_\_\_\_

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Phone \_\_\_\_\_

Expiry date \_\_\_\_\_ / \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_