



I Would Like to Support Women's Legal Service



MY DETAILS

Title: _____ *Given Name: _____ *Family Name: _____

Organisation: _____

* Postal Address: _____

_____ Postcode: _____

Email: _____

*Phone Number: _____ (Work) Ph No: _____ (A/Hrs)

MY DONATION *(All donations over \$2 are tax deductible)*

I would Like to Support Women's Legal Service by donating the following amount:

Single Donation:

or

Regular Donation:

\$10

\$_____ (Specify Amount)

\$20

Every _____ Month/s

\$50

\$100

\$_____ (Specify Amount)

PAYMENT DETAILS

I enclose my cheque/ money order. (For Single Donations only)

Or

Please charge this donation to my: MasterCard _____ Visa _____ Bankcard _____

Card Number:

Expiry date: ____/____/____ Cardholder's name: _____

Cardholder Signature: _____ Date: ____/____/____

POST OR FAX THIS FORM WITH PAYMENT TO:

Women's Legal Service Inc.

PO Box 119

Annerley, Qld 4103 (Australia)

ABN: 72 685 598 982

Ph: 07 3392 0644 (admin)

Fax: 07 3392 0658

Donation Form