

Donation Form

Title _____

First Name _____

Surname _____

Address _____

Suburb _____

State _____ Post Code _____

Home Phone Number () _____

Work Phone Number () _____

Yes, I would like to donate to the **Sydney Women's Counselling Centre**:

\$ _____

I have enclosed my cheque /money order for \$ _____

Or please charge my:

Bankcard Diners Club Mastercard Visa American Express

Amount \$ _____

Card Number ____/____/____

Expiry Date ____/____/____

Signature _____

Please make cheques payable to **Sydney Women's Counselling Centre**.

For credit card donations:

Call: (02) 9718 1955

Fax: (02) 9718 7072

Donations over \$2 are tax deductible. Your receipt will be mailed to you.