



**The Fred Hollows
Foundation**

Yes! I want to help restore the gift of sight

I wish to make a **donation** for the following amount:

\$25 \$50 \$75 \$100 \$150 \$200 \$500

My Choice \$ _____ AUD (please specify)

Donations of \$2.00 and over are tax deductible in Australia.

I will be **paying** by cheque I money order (attached)

OR credit card (please circle) VISA I MasterCard I Diners I Amex

Card number: _____ Expiry date: ____ I ____

Name on card: _____

Signature: _____

My details are: (please print clearly)

Donor number: (for existing donors) _____

Title: _____ First name: _____ Last name: _____

Company name: (for corporate donations only) _____

Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Country: _____ Mobile: _____

Telephone: () _____ Email: _____
(on occasion we may send you email updates about our work)

DOB (helps us identify you more securely): _____

I'm also interested in **finding out** about:

- Making regular monthly contributions through The Miracle Club
 Making a gift to The Foundation in my will

This information is for Fred Hollows Foundation use only. The Foundation does not share databases)

** If you do not wish to receive our appeal updates, please write to us at above address or call 1800 352 352 or +612 8741 1900.*

Please **return this form** to The Foundation:

- Locked Bag 5021, ALEXANDRIA NSW 2015 AUSTRALIA or Fax: +612 8741 1998
- Reply Paid: Reply Paid 84932, ALEXANDRIA NSW 2015 AUSTRALIA