



Cystic Fibrosis Victoria Inc

Cystic Fibrosis Victoria Inc  
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Southbank VIC 3006  
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# Donation Form

I / we would like to make a donation to Cystic Fibrosis Victoria

NAME (Mr/Mrs/Miss/Ms) \_\_\_\_\_

ADDRESS : \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PH: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please direct my gift to:

- |  |   |
|--|---|
| <input type="checkbox"/> Support services and programs | <input type="checkbox"/> Financial Assistance Fund for needy families |
| <input type="checkbox"/> Physiotherapy equipment       | <input type="checkbox"/> Research into CF                             |

## PAYMENT DETAILS

Donation amount: \$ \_\_\_\_\_

or debit my:  VISA  MASTERCARD  BANKCARD

Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

Donations of \$2 or more are tax deductible. Receipts will be issued.

I am also interested in:

- |   |  |
|---|--|
| <input type="checkbox"/> Becoming a member of CFV   | <input type="checkbox"/> Helping CFV as a volunteer                |
| <input type="checkbox"/> Selling CFV merchandise  | <input type="checkbox"/> Conducting a fundraising activity for CFV |
| <input type="checkbox"/> Receiving information about upcoming events, education seminars and fundraising activities |  |

Cystic Fibrosis Victoria thanks you for your generous support

Please return this form to Cystic Fibrosis Victoria, 80 Dodds St, Southbank Vic 3006  
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