

## Thank you for your donation

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\$25  \$50  \$100  \$500  \$1000  \$5,000  \$25,000 Other \$

I would like the above donation to be paid:

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I would like to receive some literature on Glaucoma:

I am interested in including the Association in my will:

### Personal Details

Please print your contact details below:

Last Name: ( Mr / Mrs / Miss / Ms / Dr / Other )

First Name:

Postal Address:

Suburb:

State:

Postcode:

Phone:

Email:

### Payment

Please provide your preferred payment details below:

Payment Method:  Cash  Credit Card  Cheque

Card Type:  Visa  MasterCard  AMEX  Diners

Cardholder Name:

Card Number:

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Signature:

Comments: