

YES! I would like to make a donation to the Macular Degeneration Foundation.

Mr / Mrs / Ms / Dr (Please circle) First Name _____ Surname _____

Address _____

Suburb _____ State _____ Postcode _____

Phone No. (____) _____ Email _____

Choose your donation

I would like to donate \$_____ every Week Month Quarter
 Half Year Year commencing from: _____ (insert date)

I would like to make a 'once off' donation of \$_____

Payment Options

- Enclosed is a Cheque/Money order payable to the Macular Degeneration Foundation
 Please debit my Credit Card Visa / MasterCard / Amex / Diners

Name on Card _____

Card Number _____

Exp Date ____ / ____ Signature _____

Donations over \$2 are tax deductible.

- I would like to receive information about how to make a Bequest to the MD Foundation
 I would like to receive the MD Foundation's free quarterly newsletter

Macular Degeneration is Australia's leading cause of blindness

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