Autism Association of Western Australia (Inc)

37 Hay St, SUBIACO WA 6008 ABN 54 354 917 843 **T** (08) 9489 8900 **F** (08) 9489 8999 **W** www.autism.org.au **E** autismwa@autism.org.au

CREDIT CARD DONATION PLEDGE FORM

Please complete the below form:

POST: Autism Association of Western Australia (Inc.)
Locked Bag 9
West Perth WA 6872

EMAIL: autismwa@autism.org.au

PHONE: (08) 9489 8900

FAX: (08) 9489 8999

I wish to donate $ _____

Please circle: 12x 6x 4x 2x a year.

We request a minimum of $5.00 per instalment due to Bank fees.

Name (print clearly in BLOCK Letters): _____

Address: _____

_____ Postcode: _____

Contact number: _____

Email: _____

PLEASE DEBIT MY: VISA / MASTER CARD - as specified above until further notice.

Expiry: _____ CRN: _____

Name on card: _____

Signature: _____

THANK YOU FOR YOUR GENEROUS SUPPORT