

Organisation Name:

The Compassionate Friends – Victoria Inc.

ABN 51 374 578 204.

Please print this page to complete it.
Once completed, return via fax or post mail.

The Compassionate Friends - Victoria Inc.

Address:	P.O. Box 171 CANTERBURY	/ \/IC 2126		
Fax:	03 9888 4900			
Phone:	03 9888 4944			
Donor Details	Tick if you would like to	remain anonymous (No	te: A tax invoice will not	be sent)
Name:				
Address:				
Phone:				
Email:				
Optional: If provide	ed, we can publish your r	nessage in our magazind	e and web site.	
Payment Details				
I would like to don	ate \$ to The Com	passionate Friends – Vic	toria Inc.	
☐ Enclosed is my	cheque / money order	☐ Please charge my o	credit card	
Credit Card Details	G □ VISA	☐ Mastercard		
Card Number:			Expiry Date:	/
Cardholders Name	:	Signatu	re:	