



## DONATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Amount: \_\_\_\_\_

Would you like to donate monthly?  Yes  No (CREDIT CARDS ONLY)

Cheque/Money Order made payable to RSPCA NSW.

OR DEBIT

Mastercard  Visa  Amex  Diners

Credit Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature: \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**DONATIONS OF \$2.00 AND OVER ARE TAX DEDUCTIBLE**

Thank you for supporting the RSPCA NSW

**Please return donation form to:**

**RSPCA NSW**

**PO Box 34**

**Yagoona**

**NSW 2199**

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