



HELP US TO HELP OTHERS

My Details

Dr/Mr/Mrs/Miss/Ms: Name: _____

Address: _____

Phone Home: _____ Mobile: _____

Email: _____

I would like to make a donation of Amount: \$.....

My cheque / money order payable to Lupus Association of NSW is enclosed

Please debit my Visa Mastercard

Card Number: _____ Expiry: ____ / ____

Name on Card: _____ Signature: _____

Thank you. Your support enables us to maintain and extend our care services to all those most in need. Help us make a difference. All donations over \$2 are tax deductible.

Please complete and send to Lupus Association of NSW Inc
PO Box 89, North Ryde NSW 1640. | P: (02) 9878 6055 | E: info@lupusnsw.org.au