**SPA Donation Form** ( please print )Ver.2017\_02d

 Website: [www.population.org.au](https://population.org.au/)  see “Support Us” to donate online

 Email: info@population.org.au

 Tel: 0434 962 305

 Mail: PO Box 85, Deakin West, ACT 2600, AUSTRALIA

 ABN: 28 399 654 270 (Donations are tax deductible)

# I’d like to show my support for SPA by making a donation

(All donations to SPA of $2 or more are **tax deductible** ABN: 28 399 654 270)

Dr/Mr/Mrs/Ms: \_\_\_\_\_\_ Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Phone (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mobile  |

Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 I would like to include SPA in my will. Please tell me how.

## Payment details

1. Cheque enclosed, payable to SPA, **or** …

1. Please charge my credit card ($25 or more)

 🞎 Visa 🞎 MasterCard

Card number: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Expiry date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***On completion, please send this form to SPA Inc., PO Box 85, Deakin West, ACT 2600, AUSTRALIA***