



SPA Donation Form (please print)

Ver.2017_02d

Website: www.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: _____

Address: _____

Phone (optional)

State: _____ Postcode: _____ Country: _____

_____ home

_____ office

Email: _____

_____ mobile

Amount \$ _____

I would like to include SPA in my will. Please tell me how.

Payment details

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

2. 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