



I would like to make a donation to Diabetes ACT Ltd.

\$10       \$20       \$50       \$100       Other \$.....

Personal Details

Name: .....

Address: .....

State: ..... Post Code: .....

Email: .....

Contact Number: W) ..... M) .....

Payment Method

Cash       Visa       Mastercard       Cheque Enclosed

Card Number: \_ \_ \_ \_ \_

Exp Date: \_ \_ / \_ \_

Signature: .....

Please fax completed form to Diabetes ACT Ltd on (02) 6288 9874  
Or mail to PO Box 3727, Weston Creek, ACT 2611.

All donations over \$2.00 are tax deductible.

**THANK YOU**