

Regular Giving Form

Thank you for supporting Muscular Dystrophy NSW with an ongoing regular gift.

Name

Phone

Address

Email

Frequency (tick preferred)

Regular gift to commence (date) __ / __ / ____

- Weekly
 Monthly
 Yearly
- Please also contact me about leaving a gift in my Will

Name on card

Card number

Expiry

__ / __

Signature

- From time to time we may provide your contact details to other like-minded organisations (either in Australia or overseas) to contact you with information that may be of interest to you. Those organisations allow us to do the same and this way we can reach more people with vital information. Tick here if you **DO NOT** wish to receive communication from other organisations.

Gifts of \$2 or over are tax deductible, a receipt will be forwarded via email unless specified. Please contact us if you would like to update your details or unsubscribe from MDNSW correspondence. For more information on how we handle your personal information, please see our privacy policy at mdnsw.org.au