

Polio Australia

Representing polio survivors throughout Australia

I wish to make a contribution to Polio Australia's work towards ensuring all polio survivors in Australia have access to appropriate health care and the support required to maintain independence and make informed choices

Name: _____

Address: _____

Telephone: _____ Email: _____

Donation: \$ _____ Cheque No: _____

*Donations of \$2 and over to Polio Australia are an allowable taxation deduction
Deductible Gift Recipient 53 620 396 311*

- Please email me a copy of Polio Australia's Annual Report each year
- Please email me a copy of Polio Australia's Constitution
- Please keep my donation anonymous

Please return this form with your donation to:

**The Treasurer
Polio Australia
PO Box 2799
North Parramatta NSW 1750**

An official receipt confirming your donation will be forwarded as soon as possible

Thank you for your generous support.