

# 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 500  
Kew East VIC 3102**

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

**Thank you for your generous support.**