



ME/CFS Society (SA) Inc. Donations

Registered Charity 698 ABN: 14 535 639 334
GPO Box 383 Adelaide SA 5001



Your Details

Name: _____

Address: _____

State: _____ Postcode: _____

Please find enclosed a:

- Cheque
 Money Order
 or Credit card payment for \$ _____

Please circle: Visa / Mastercard / Bankcard

Card Holder Name: _____

Expiry Date: ____ / ____

Signature: _____

Your support is appreciated, and will be put towards services for people with ME/CFS.

Thankyou.

Donations over \$2 are Tax-Deductible