



Autism
Association of **WESTERN AUSTRALIA**

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Credit Card Donation Pledge Form

Please complete the below form:

I wish to donate: \$_____

Please Circle: 12x 6x 4x 2x a year

We request a minimum of \$5.00 per instalment due to bank fees.

Name (print clearly in BLOCK letters): _____

Address: _____

Postcode: _____

Contact number: _____

Email: _____

Please debit my: **VISA / MASTERCARD** - *as specified above until further notice.*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry: _____ CRN: _____

Name on card: _____

Signature: _____

Completed forms can be returned via:

Post to: The Autism Association of WA, Locked Bag 9, West Perth, WA 6872 **OR**

Email to: autismwa@autism.org.au

Thank you for your generous support!