

Please use
this form to
make your
donation



Your Details

Title..... First Name Surname

Address

..... Suburb Postcode

Phone (mob) Phone (Day)

Email DOB

I would like to help MSNZ assist people affected by multiple sclerosis with a gift of:

\$50 \$100 \$200 Other \$.....

Payment Details

Please find enclosed a: Cheque

Card Type: Visa Mastercard American Express

Card No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date:

--	--	--	--	--	--

Name on Card:

--

Signature:

--

Personal information is collected to process donations and issue receipts

**All donations over \$5 to the MS Society of NZ Inc.
are tax deductible.**

Please return this form to:

MSNZ
PO Box 32124
Christchurch 8147

ms.