



Donation Form

Title: Mr Mrs Ms

Name: _____

Address: _____

Suburb: _____ Post Code: _____ State: _____

Phone: _____ Mobile: _____

Email: _____

Amount you would like to donate: \$ _____

Frequency: Once Monthly Quarterly Yearly

Card Type: Amex
 Visa
 Mastercard
 Diners

Card Number:

Exp. Date ____/____

Name on card: _____

Signed:

Please post to: AIDS Trust of Australia
PO Box 1030
Darlinghurst NSW 1300

or Fax to: 02 9261 8845

Email: info@aidstrust.com.au

Phone: 02 9285 4400 - 1800 689 188 (free call)

Please tick if you do not want to receive future AIDS Trust communications.