

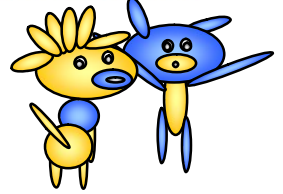
**YES! I WANT TO HELP CREATE A
'MY DIARY' EXPERIENCE!!!**



DONATIONS (Please tick)

All donations over \$2.00 are tax deductible

Amount: 😊 \$25 😊 \$50 😊 \$100 😊 \$200 😊 \$500 😊 Other \$ _____



Please send my receipt to the following address:

(Please Circle your title)

Mr/Mrs/Ms/Miss/Dr

Surname: _____

First Name: _____

Postal Address: _____

Suburb: _____ State: _____ Post Code: _____

Telephone: _____ Fax: _____

Email: _____

Enclosed is my 😊 Cheque 😊 Money order

(Please tick)

OR

Debit my: 😊 Bankcard 😊 MasterCard 😊 Visa

Card No:

□□□□ □□□□ □□□□ □□□□

Card expiry date

□□ / □□□□ eg; 12 / 2006

(Please tick)

😊 Regular giving

Please deduct \$ _____ per month from my credit card until further notice.

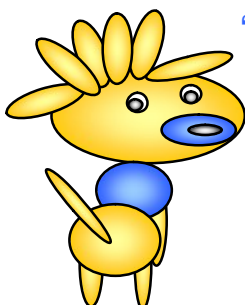
😊 Once only

Cardholder's Name: _____

Signature: _____ Date: ___ / ___ / ___

😊 Please send me further information about The Assured Foundation

😊 I do not wish to receive further correspondence for The Assured Foundation



"The Assured Foundation"
Assured House

341 North East Road
HILLCREST SA 5086
Phone: (08) 83 600 200
Fax: (08) 8367 9777

'Brightening Families Lives'

