

Coeliac Research Fund Donation Form

Please complete and fax to (03) 5968 5670



Title Mr/Mrs/Ms/Other

First Name Surname

Address

Suburb Post Code State

Email Address

Tel No (Home) (Work) (Mob)

Donation Amount \$..... Cheque (made payable to Coeliac Research Fund)

Visa Mastercard

Card Number Exp Date/..... CCV

Name of Cardholder

We would value your time in completing the following voluntary tick boxes.
All information is held in the strictest confidence.

- I would like information on leaving a bequest
- I would like information on organising an event
- Please contact me to discuss a partnership
- I am a member of the Coeliac Society of Australia
- I am currently on a gluten-free diet
- I would like my donation to remain anonymous
- I would like to receive a newsletter by email
- Please do not send me mail

All donations over \$2 are tax-deductible. Thank you for your generous support of the Coeliac Research Fund.

ABN 11 131 859 795