

# I WANT TO SUPPORT PEOPLE WITH DISABILITY AUSTRALIA

ABN: 98 879 981 198



Join hundreds of other Australians who support the vision of a socially just, accessible and inclusive community, in which the human rights, citizenship, contribution, potential and diversity of all people with disability are respected and celebrated.

## Step 1 – Become a Disability Rights Defender or make a one-off donation

Funding from supporters like you helps us protect and promote the rights of people with disability.

If you make regular, monthly, tax deductible donations to PWDA, you automatically become a **Disability Rights Defender**, acknowledging your continuing commitment to creating a more just, equitable and accessible society.

Yes, I would like become a **Disability Rights Defender** and make a regular monthly donation of:

\$10       \$20       \$50       \$ \_\_\_\_\_ per month (\$10 minimum)

OR

I would like to make a one-off donation of \$ \_\_\_\_\_

Donations to People with Disability Australia over \$2 are fully tax deductible.

## Step 2 – Your Details

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (m) \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

## Step 3 – Communication

Are you a member of PWDA?     Yes       No

If no, would you like to receive information about PWDA Membership, the disability rights movement, and how it relates to you and your associates?

Yes, please contact me and provide me with more information

No, I am happy just to give a donation

My preferred method for receiving information is (please tick one only):

via post     via email     Braille     Other \_\_\_\_\_

## Step 4 – Payment Details

Please complete ONE of the payment options below:

1.  **Credit Card Payment**

Card Type: Mastercard / Visa / American Express

Card Number \_\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

2.  **Direct Debit from your bank account (for Disability Rights Defender monthly contributions ONLY)**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Account Name \_\_\_\_\_ BSB Number \_\_\_\_\_

Account Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

3.  **Cheque or Money Order (payable to People with Disability Australia Incorporated)**

Direct Debit Service Agreement: I/We authorise People with Disability Australia Incorporated to arrange for funds to be debited from my/our account at the financial institution(s) identified. This authorisation is to remain in force in accordance with the following terms: 1. You are advised to check your account details by contacting your financial institution. 2. It is your responsibility to ensure sufficient funds are in the nominated account when payments are to be drawn. 3. Should you wish to cancel or make alterations to the direct debit arrangement, please ring (02) 9370 3100 or write to Membership Development, PO Box 666, Strawberry Hills, Redfern NSW 2016.

Once you have completed this form please post to  
**PWD Australia, PO Box 666, Strawberry Hills NSW, 2012**

or fax both pages to (02) 9318 1372

or scan both pages and email to [pwd@pwd.org.au](mailto:pwd@pwd.org.au)

If you experience any difficulty while completing this form  
contact PWDA on (02) 9370 3100 or email [pwd@pwd.org.au](mailto:pwd@pwd.org.au) for assistance.

# Thank you for your donation