

I WANT TO SUPPORT PEOPLE WITH DISABILITY AUSTRALIA

By doing so you will 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 such as 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 world.

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 \$2.00 are fully tax deductible

Step 2 – Personal Details

Title: _____ First name: _____ Surname: _____

Phone: (h) _____ (m) _____

Email: _____

Address: _____

Postcode: _____ Date of Birth _____

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 (tick one only):

via mail via email in Braille format in audio format Other _____

Step 4 – Payment Details

Please complete ONE of the payment options below:

Credit Card Payment

Card Type: Mastercard/Visa/American Express

Card Number: _____ Expiry date ____/____

Name on card _____ Signature: _____ Date: _____

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

Bank name _____ Branch _____

Account Name _____ BSB Number _____

Account Number _____

Signature: _____ Date: _____

Cheque or Money Order (make payable to People with Disability Australia Ltd)

Direct Debit Service Agreement: I/We authorise People with Disability Australia Ltd to arrange for funds to be debited from my/our account at the financial institutions identified. This authorisation is to remain in force in accordance with the terms described in the services agreement, namely 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 Management, PO Box 666, Strawberry Hills, Redfern NSW 2016.

Once completed, please scan and email both pages of this form to:
pwd@pwd.org.au

Or mail it to: **PWDA, PO Box 666, Strawberry Hills NSW, 2012**

If you experience any difficulty while completing this form please contact PWDA on 02 9370 3100 or Pete at peted@pwd.org.au for assistance.

Thank You For Your Donation