



The **Fred Hollows**
Foundation

**Join The Fred Hollows Foundation
Miracle Club**

**Yes, I want to help restore the miracle of sight.
Please make me a member of The Fred Hollows Foundation Miracle Club!**

My Gift

I would like to make a **MONTHLY DONATION** of *(please tick)*:

\$25 \$30 \$50 \$70 \$100 Other: \$ _____
(Minimum gift of \$15 a month)

Preferred debit date: 15th or 28th *(or next business day)* Start Month: _____

My Details

Supporter ID Number: _____ *(if known)*

Title: _____ First name: _____ Family name: _____

Company name: *(for corporate donations only)* _____

Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Country: _____ Email: _____

Mobile: _____ Telephone H/W: () _____

Email: _____ DOB *(helps us identify you more securely)*: _____

Payment Options

My credit card details are:

Visa Mastercard Amex (15 digits) Diners (14 digits)

Expiry Date: _____ Name on card: _____

Signature: _____ Date _____

My Bank Account Details are: *(please read the Direct Debit Request Service Agreement on the next page)*

Financial Institution: *(eg Westpac)* _____ Branch: _____
(branch where account is held eg Rosebery)

Name of Account: *(eg Mr Fred Hollows)* _____

BSB Number - Account Number

Signature: _____ Date: _____

The Fred Hollows Foundation respects your privacy. If for any reason you do not wish to receive appeal updates, please write to: **The Fred Hollows Foundation: Locked Bag 5021, ALEXANDRIA NSW 2015**
Tel: **1800 352 352** Fax: **(02) 8741 1998** Email: **miracles@hollows.org** Web: **www.hollows.org.au**