

PLANNED GIVING PROGRAM



inc. OSTEOPOROSIS QUEENSLAND

Please complete this section if you have chosen **Option 1**. Fill out and detach this section, together with the completed Direct Debit request form, and post to us.

OPTION ONE

Please debit my bank account each month for:

Bank Account

\$15 \$30 \$50 or \$

Name: _____ DOB: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____ Type of Arthritis: _____

Please complete this section if you have chosen **Option 2**. Detach this section and post to us .

OPTION TWO

Please charge my credit card each month for:

Credit Card

\$15 \$30 \$50 or \$

Visa Mastercard (please circle)

Card Number _____ / _____ / _____ / _____ Expiry Date _____ / _____

Cardholder Name _____ Signature _____

Name: _____ DOB: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____ Type of Arthritis: _____

Your gift of \$2.00 or more is tax deductible

Thank you for supporting the work of
Arthritis and Osteoporosis Queensland.