

DONATION FORM

Thank you for your interest in supporting NETS.

Please [click here](#) to make an online donation.

Alternately, complete your details below and EMAIL this form to secretary@nets.org.au or FAX to 9633 8782 or MAIL to NETS, Locked Bag 9002 Westmead NSW 2145 SYDNEY AUSTRALIA

DONATION INFORMATION

Yes, I would like to make a donation of \$AUD

Please allocate my donation to: **(tick one or more)**

- | | |
|---|---|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Education |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Clinical Coordination Centre |
| <input type="checkbox"/> NETS Ambulance – including maintenance | <input type="checkbox"/> Research |

DONOR INFORMATION

Personal donation Company Donation In Memory of:

Company Name *if applicable*:

Title:

Position:

First Name:

Surname:

Address:

Town/Suburb:

State:

Postal code:

Country:

Home Telephone:

Mobile:

Email Address:

I may be contacted by email

Please do not contact me by email

CREDIT CARD INFORMATION

Credit card type: Visa MasterCard American Express (AMEX)

Credit card number:

Expiry date: Month/Year:

I authorise NETS to debit my credit card:

Once Only Monthly until further notice Annually until further notice

Please cease automatic debits from my credit card as of: [Click here to enter a date.](#)

Name on card:

Card holder's signature:

Date:

To discontinue automatic debits from your credit card please TELEPHONE NETS on 02 9633 8700 (office hours), or FAX this form to NETS on 02 9633 8782 or MAIL to NETS, Locked Bag 9002, Westmead NSW 2145 SYDNEY AUSTRALIA

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