

Yes, I want to reduce the incidence and improve the treatment of neurological disorders.

I am interested in sending a regular donation direct to the Foundation's bank account.
Please send details.

Please send me more information on helping the Foundation through my will.

My donation cheque is enclosed

Please charge a donation of \$ _____ to my credit card

I would like to become a member: -

Please charge my credit card with the annual membership of \$5.00 and a donation of \$ _____

Please find enclosed a cheque for the annual membership of \$5.00 and a donation of \$ _____

Please enter your details below:

Name (Mr, Mrs, Ms, Miss) _____

Address _____

_____ Tel: _____

Credit card details

Bankcard MasterCard Visa

Card Number

Expiry date _____ Name on Card _____

Cardholder's Signature _____

Amount to credit

*Amounts of \$5 and above qualify for a tax rebate within allowable limits.
Attach this receipted form to your tax return.*