AMA Queensland Foundation **Tax Appeal 2013**



PERSONAL DETAILS	
Member Number:	D.O.B: /
Title: First Name:	Last Name:
Address Line 1:	
Address Line 2:	
Suburb:	State: Post Code:
Phone (H):	Phone (M):
Email:	
SUPPORT	
FREQUENCY Once-off Monthly	
PAYMENT DETAILS	
○ Cheque: Please make cheques payable to 'AMA Qu	reensland Foundation'
○ Credit Card: □ VISA □ Mastercard □ AM	1EX
Number:	/
Cardholder's Name:	Cardholder's Signature:
OTHER Please tick	
I/ we would like more information about leaving a b	pequest to the AMA Queensland Foundation.
○ I/ we have already included the AMA Queensland F	oundation in my/our Will.
○ I/ we would like to talk to the Foundation Manager	about establishing a workplace giving program.
○ I/ we would like to talk to the Foundation Manager	about how we can support the AMA Queensland Foundation in other ways.



PLEASE RETURN TO:

AMA Queensland Foundation PO Box 123, Red Hill Queensland 4059

Thank you for your support!