

# I WANT TO SUPPORT PEOPLE WITH DISABILITY AUSTRALIA



By doing so you will join hundreds of other Australians who support the vision of a socially just, accessible and inclusive community, in which the human rights, citizenship, contribution, potential and diversity of all people with disability are respected and celebrated

## Step 1 – Become a Disability Rights Defender or make a one-off donation

Funding from supporters like you helps us protect and promote the rights of people with disability.

If you make regular, monthly, tax deductible donations to PWD, you automatically become a **Disability Rights Defender**, acknowledging your continuing commitment to creating a more just, equitable and accessible world.

Yes, I would like become a **Disability Rights Defender**, and make a regular monthly donation of:

\$10       \$20       \$50       \$ \_\_\_\_\_ per month (\$10 minimum)

**OR**

I would like to make a one-off donation of \$ \_\_\_\_\_

Donations to People with Disability Australia over \$2.00 are fully tax deductible

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## Step 2 – Personal Details

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (m) \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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## Step 3 – Communication

Are you a member of PWD?       Yes       No

If no, would you like to receive information about PWD Membership, the disability rights movement, and how it relates to you and your associates?

Yes, please contact me and provide me with more information

No, I am happy just to give a donation

My preferred method for receiving information is (tick one only):

via mail     via email     in Braille format     in audio format     Other \_\_\_\_\_

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## Step 4 – Payment Details

Please complete ONE of the payment options below:

**Credit Card Payment**

Card Type: Mastercard / Visa / American Express

Card Number \_\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Direct Debit from your bank account (for Disability Rights Defender monthly contributions ONLY)**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Account Name \_\_\_\_\_ BSB Number \_\_\_\_\_

Account Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Cheque or Money Order (make payable to People with Disability Australia Incorporated)**

Direct Debit Service Agreement: I/We authorise People with Disability Australia Incorporated to arrange for funds to be debited from my/our account at the financial institution(s) identified. This authorisation is to remain in force in accordance with the following terms: 1. You are advised to check your account details by contacting your financial institution. 2. It is your responsibility to ensure sufficient funds are in the nominated account when payments are to be drawn. 3. Should you wish to cancel or make alterations to the direct debit arrangement, please ring 02 9370 3100 or write to Membership Management, PO Box 666, Strawberry Hills, Redfern NSW 2016.

Once you have completed this form please mail to:

**PWD Australia, PO Box 666, Strawberry Hills NSW, 2012**

Or you can fax both pages to 02 9318 1372 or scan both pages and email to  
[pwd@pwd.org.au](mailto:pwd@pwd.org.au)

If you experience any difficulty while completing this form please contact PWD on  
02 9370 3100 or email [daphneec@pwd.org.au](mailto:daphneec@pwd.org.au) for assistance.

# Thank You For Your Donation