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## Yes, I'd like to support mecwacare in continuing to provide services and programs in aged care and disability to the local community

Please find enclosed my tax deductible gift of:

**My Choice \$** \_\_\_\_\_ OR  \$30  \$50  \$100  \$250  \$500

### I would like my donation to go towards:

- Area of Greatest Need
- Home Nursing and Care Services
- Residential Services
- Community and Disability Services

### My Details

Title: Mr/Mrs/Ms/Miss/Dr Other \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

### My Donation

I would like to pay by:

Cheque/Money Order (please attach and make payable to mecwacare) OR

Credit Card:  Visa  Mastercard  Amex Amex ID \_\_/\_\_/\_\_

Card Number: \_\_/\_\_/\_\_/\_\_ \_\_/\_\_/\_\_/\_\_ \_\_/\_\_/\_\_/\_\_ \_\_/\_\_/\_\_/\_\_

Expiry Date: \_\_/\_\_/\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

- Please add me to your mailing list
- Please send more information about automatic monthly donations
- I would like to know more about volunteering at mecwacare
- Please send me information about remembering mecwacare in my will

## Thank you!

All donations of \$2 or more are tax deductible. 85% of funds received are used for mecwacare services and programs. In some instances, mecwacare will direct up to 100% of funds received to services and programs. The balance of funds received (up to 15%) is used to cover related internal administration and operational costs.