

Yes! I wish to help RDNS provide care for thousands of people every day.

Please accept my donation of: \$25 \$50 \$100 or \$ _____

Enclosed is my cheque/money order or debit my credit card

Bankcard Mastercard Visa American Express Diners

Card number:

Card holders name : _____

Expiry Date: _____ / _____ Signature: _____

My details are:

Title: _____

First Name: _____ Surname: _____

Address: _____

Postcode: _____

Phone(h): _____ Phone(w): _____

Email: _____

I would like to:

- Receive more information on donating the easy way through direct debit or regular credit card payments
- Discuss a bequest
- Receive information on Will preparation and Bequests
- Discuss memorial gifts
- Discuss Corporate Partnership Opportunities
- Receive more information on RDNS services
- Become a friend of RDNS
- Become a volunteer of RDNS



Mail/fax this form to:
RDNS, 31 Alma Rd St Kilda 3182. Tel: 9536 5222 Fax: 9536 5333 ABN 49 052 188 717