



# Make a Donation



**YES, I want to help put the smiles back.**

## Your Gift

I will make a **single** Gift of:  \$25  \$50  \$75  \$100  Other \$

to be charged to my credit card once only.

I will make a **regular** Gift of:  \$25  \$50  \$75  \$100  Other \$

to be charged to my credit card monthly.

Please charge my credit card

Visa

Mastercard No.:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name on card:.....

Expiry Date:     Signature:.....

Your Name:.....

Your Address:.....

Your Email:.....

*All donations over \$2 are fully tax deductible and a receipt can be forwarded to you for this purpose.*

**Print out and fax to Tresillian at (02) 9787 0880 or Post to:**

**Tresillian Family Care Centres  
McKenzie Street  
Belmore NSW 2192**