



mental illness
fellowship victoria



mifriend
a regular giving program

**your donation can and will make
a difference**

Title Mr Mrs Ms Other _____

First Name _____

Surname _____

Address _____

Postcode _____

Organisation Name (If Applicable) _____

Tel (Home) _____ Tel (Business) _____

Mobile _____ E-Mail _____

Date Of Birth _____ / _____ / _____

DD MM YY

* Providing your date of birth helps us identify our supporters and protect your privacy.

YES. I WANT TO JOIN mifriend AND GIVE AUTOMATIC DEDUCTIONS EACH MONTH.

I will give:

\$100 per month \$50 per month \$30 per month \$20 per month my choice of \$ _____ per month

I will give via: BANK DEBIT CREDIT CARD

I will give a donation only:

\$100 \$50 \$30 my choice of \$ _____

Payment method: Cheque Money Order Mastercard VISA

CREDIT CARD PAYMENTS

Visa Mastercard

Card Number

Expiry Date _____ / _____

Cardholder Name _____ Signature _____

DIRECT DEBIT DETAILS

Direct Debit Request (DDR) Customer/Donor Authority:

Name of Customer /Donor giving the Direct Debit:

I/We _____ authorise

Name of Debit User:

Request and authorise MENTAL ILLNESS FELLOWSHIP VICTORIA to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed through the Bulk Electronic Clearing System (BECS).

Details of the Account to be debited:

Name of Financial Institution _____

Address of branch where account is held _____

Account Name _____

BSB Number _____ Account Number _____

Amount to be debited _____ Frequency of debit **monthly** _____

Signature _____ Date _____

* All donations of \$2 or more are tax deductible

Please return to:
Mental Illness Fellowship Victoria
P.O. Box 359 Clifton Hill Victoria 3068