

First Name: _____

Last Name: _____

Company: _____

Address: _____

Suburb: _____ State: _____ Post code _____

Country (If not Australia): _____

Phone (_____) _____ Email: _____

Postal Address if not same as above: _____

Suburb: _____ State: _____ Post code: _____

I would like to receive MADAA regular online updates / newsletter.

TYPE OF DONATION:

Individual

Corporate

FUND DESIGNATION:

Building Resource Centre

Building a Health Centre

Equipment for health centre

Car to facilitate transport for staff in the field

Any our projects

Amount (all fund in Australian dollars)

\$ 20

\$30

\$50

\$75

\$100

Others \$ _____

Monthly payment of \$ _____ over a period of _____ months / Years.

Direct debit (Attach form F003) Money order

Cheque