



Thank you for supporting us.

Minda Incorporated
King George Ave
PO Box 5, Brighton SA 5048

Ph 08 8422 6555
Fax 08 8422 6330
www.mindainc.com.au

ABN 37 020 000711

CONTACT DETAILS Please ensure all information is PRINTED in BLOCK CAPITALS

DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
TITLE (Mr/Mrs/Ms/Miss)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SURNAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MIDDLE NAME(S)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
UNIT/STREET No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	STREET NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUBURB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	STATE	<input type="text"/>	POSTCODE	<input type="text"/>
TELEPHONE (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TELEPHONE (BUS)	<input type="text"/>	<input type="text"/>	<input type="text"/>
MOBILE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FAX	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	<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"/>
OCCUPATION	<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"/>
EMAIL	<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"/>
	BUSINESS	<input type="checkbox"/>	PERSONAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR CONTRIBUTION All donations of \$2 or more are tax deductible.

ONE-OFF DONATION OF	<input type="checkbox"/>	\$30	<input type="checkbox"/>	\$45	<input type="checkbox"/>	\$75	ONGOING DONATION OF \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PER MONTH
YOUR CHOICE OF \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MINDA WILL PROCESS YOUR DONATION:	<input type="checkbox"/>	Between 4 th and 9 th of each month	<input type="checkbox"/>	Between 18 th and 23 rd of each month	

CREDIT CARD DEBIT REQUEST

CREDIT CARD TYPE	<input type="checkbox"/>	VISA	<input type="checkbox"/>	MASTERCARD	<input type="checkbox"/>	AMEX	<input type="text"/>	<input type="text"/>	<input type="text"/>	Security No. (AMEX only)					
CREDIT CARD 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"/>	EXPIRY	<input type="text"/>	/	<input type="text"/>		
CARDHOLDER NAME	<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"/>		
CARDHOLDER SIGNATURE(S)	<input type="text"/>										DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please return your completed form to:

Fundraising Department
Minda Incorporated
PO Box 5, Brighton SA 5048

Your Privacy

Minda Inc. respects and is committed to protecting your privacy. We may use the information we collect about you for the purposes of processing donations, issuing tax receipts and sending you updates. For these purposes, your information may be shared with trusted third parties and our service providers (and their directors, servants and agents), either in Australia or overseas. Failure to provide personal information may result in Minda Inc. being unable to provide you with certain information and offers. Our Privacy Policy found at www.mindainc.com.au contains information about: (i) how you can access and correct your personal information; (ii) how you can lodge a complaint regarding the handling of your personal information; and (iii) how any complaint will be handled by Minda Inc. You may contact our privacy officer with any queries via email: fundraising@minda.asn.au or mail: PO Box 5, Brighton SA 5048 or telephone: 08 8422 6555.

Please tick here if you do NOT want to receive future communications from Minda Inc.

Occasionally we allow like-minded organisations to contact you with information that may be of interest to you, including some organisations located outside Australia. Those organisations allow us to do the same and this way we can reach more people with vital information. Please tick here if you do NOT want to receive communications from organisations we trust.