



## Prefer to Post it?

**Great, that's easy. No stamp required, just post to:**

**Freepost 62071, Cystic Fibrosis NZ, P O Box 38747, Wellington Mail Centre 5045**

Please complete so we can accurately record your donation and issue a receipt

Full Name:

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Postal Address:

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Phone number:

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Mobile number:

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Email Address:

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*I would like to make a donation:*

Please accept my donation of: ☐ \$20 ☐ \$35 ☐ \$50 ☐ \$100 ☐ Other \$ .....

☐ **Credit Card**

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Expiry Date:  /

Name on Card:

Signature: