



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:

Postal Address:

Phone number:

Mobile number:

Email Address:

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: