



DONATION FORM

We need your help to provide support and information to Victorians affected by eating disorders

Send to: EDFV, 1513 High St, Glen Iris Vic 3146 or fax to 03 9885 1153

Name:

Address.....Postcode:

I would like to donate \$10 \$20 \$50 \$100 Other

Please send me a receipt **All donations over \$2 are tax deductible**

My cheque/money order payable to EDFV is enclosed OR Please charge my credit card:

Card No: _____ Visa Mastercard

Cardholder's Name (caps) Expiry date/.....

Cardholder's signature:

Or you can donate online: www.eatingdisorders.org.au

Thank you for your donation

ABN 24 010 832 192 Reg No A0022880J



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