

PO Box 34
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ABN: 43 390 598 024

DONATION FORM

Please send my/our receipt to:

Mr/Mrs/Miss/Ms


Company

Address

..... Postcode

Contact Number

Email

Please charge \$ to this credit card:   

Card no

Name on card

Expiry Date / Signed

OR A cheque to Arthritis & Osteoporosis WA is enclosed.

The Arthritis Foundation of WA Incorporated abides by the National Privacy Principles that allows us to provide information, to promote our services and seek your support from time to time. If you would rather not receive further information please call us on 08 9388 2199 or tick this box

Do you have a specific condition?

- | | |
|---|---|
| <input type="checkbox"/> Ankylosing Spondylitis | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Gout | <input type="checkbox"/> Osteopaenia |
| <input type="checkbox"/> Psoriatic | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Osteoarthritis of the knee |