Restless Legs Syndrome

DONATION FORM

MAILING ADDRESS IF POSTING: RLS Australia, PO BOX 1653, WARRIEWOOD SQUARE, NSW, 2102

Thank you for your generous donation to RLS Australia. Your support will enable us to continue our work of spreading awareness and understanding of this disorder and giving support to patients with RLS.

FULL NAME: (MR / MRS / MS) ______________________________ **DATE:** ______________

STREET : ____

SUBURB: ______________________ **STATE:** __________ **POST CODE:** __________

PHONE: ______________________ **EMAIL:** ______________________________

DONATION AMOUNT: ________________

PAYMENT DETAILS : *Cheque* ❐ *Money Order* ❐ **CREDIT CARD**: *Bankcard* ❐ *Visa* ❐ *Mastercard* ❐

ACCOUNT NUMBER: ________________ **EXPIRY DATE:** ________

SIGNATURE: ______________________ **CARDHOLDER:** ______________________