



AVA Animal Welfare Trust Donation Form

Title:	
First Name:	
Surname:	
Address:	
Phone:	
Mobile:	
Email:	
My veterinary surgeon is:	

I would like to make a contribution to the Animal Welfare Trust:

<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Other Credit Card
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Card number:

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Name on card:	
Expiry Date:	
Signature:	

I would like to receive information about:

<input type="checkbox"/>	Making a bequest to the Trust
<input type="checkbox"/>	Becoming a trust sponsor
<input type="checkbox"/>	Please send me the Australian Veterinary Association Animal Welfare Trust Brochure

Please send this form along with your cheque (if appropriate) to:

Australian Veterinary Association
Animal Welfare Trust
PO Box 4257, Kingston ACT 2604