



Mental Health Foundation of New Zealand

Please use this form to make a donation to the Mental Health Foundation

Items marked with * must be completed

Payer Details

Title: Mr/Miss/Ms/Mrs Other:.....
First name*Family name*
Address*
Phone:Email:.....

I would like to give a gift of \$..... Please give whatever you can afford.

I enclose my cheque or banker's draft in NZ dollars payable to the **Mental Health Foundation**

Or you can debit your Visa/Mastercard (please delete as appropriate)

Card number Card expiry date /

Signature* Today's date*

THANK YOU FOR YOUR SUPPORT

Fold at the line to fit a window envelope

Please sign and return this form to:

All donations of NZ\$5.00 or more are tax deductible.

FreePost 192225
Mental Health Foundation
PO Box 10051
Dominion Road
Auckland