

# Credit Card Donations

Name: .....

Address: .....

.....P/Code: .....

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Top of Form

Bankcard     MasterCard     Visa

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Expiry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Bottom of Form

Amount: \$.....

Cardholders Name: .....

Cardholders Signature: .....

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Top of Form

I would like to receive the Bi-Annual Newsletter  Yes  No

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Bottom of Form

Please return to:

Opening the Doors Foundation  
PO Box 1088  
Thornbury, Vic. 3071