



Supporting Families in Mental Illness NZ

Please use this form to make a donation to Supporting Families in Mental Illness NZ. Items marked with * must be completed.

Payer Details

Title: Mr/Miss/Ms/Mrs/Other.....

First Name*.....

Last Name*.....

Address*.....
.....

Phone:..... Email.....

I would like to give a gift of \$.....

I enclose my cheque or bank draft in NZ dollars payable to Supporting Families in Mental Illness NZ

Or you can pay by Visa/Mastercard (please delete as appropriate)

Card number

Card Expiry Date /

Signature*..... Today's date*.....

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

**Please return this form to:
Supporting Families in Mental Illness NZ
PO Box 12-236
Wellington 6144**

THANK YOU FOR YOUR SUPPORT