

I would like to make the following donation to Care Options and help make a difference to the lives of the people that it assists to live and participate in their community.

- A specific donation to Care Options for: _____
- A general donation to Care Options
- A regular donation to Care Options Monthly Quarterly Annually
(to be drawn automatically from my credit card until I choose to discontinue)

I would like to donate:

- \$20 \$25 \$50 \$100 \$200 or other amount \$
(enter amount)

Payment method:

- Money Order Cheque
 Visa MasterCard

Card Number:

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Expiry Date:

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CSC:

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(the last three digits on the signature area on the back of the card)

Signature: _____

Please enter your contact details below:

Title:	
First Name:	
Surname:	
Address 1:	
Address 2:	
Suburb:	
State:	
Postcode:	
Telephone:	

Thank you very much for your generous support.

Care Options Incorporated (ABN 82 078 288 329) is a registered Deductible Gift Recipient. All donations made to Care Options over \$2 are tax deductible.

A receipt will be posted to the above address.

Please return this form to: Chief Executive, Care Options Incorporated, PO Box 5247, Rockingham Beach, WA 6969