

Yes, I would like to support Parkinson's New Zealand!

Name:
Address:
Phone:
Email:

<input type="checkbox"/> \$25 - covers the cost of 15 people calling our free phone line for advice and information <input type="checkbox"/> \$50 - could pay for a Community Educator to provide a home visit <input type="checkbox"/> \$100 - allows the Clinical Leader to advise a Community Educator supporting a person with complex issues <input type="checkbox"/> Other _____
Reason for gift: _____
Message (optional): _____

<input type="checkbox"/> My cheque is enclosed Or please charge my <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Card Number _____ Expires ____ / ____

Cardholder's Name (as it appears on your card) Signature

Please return to:
 Parkinson's New Zealand
 PO Box 11067
 Manners Street
 Wellington 6142

Thank you for supporting the work of Parkinson's New Zealand