

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

Name:
Address:
Phone:
Email:
$\hfill\Box$ \$100 - could pay for a community educator to attend a training course
$\hfill\Box$ \$50 - covers the cost of 30 people calling our free phone line for advice and information
$\hfill\Box$ \$25 - allows the Clinical Leader to advise a community educator supporting a person with complex issues
□ Other
Reason for gift:
Message (optional):
□ My cheque is enclosed
Or please charge my 🗆 Visa 🗆 Mastercard
Card Number Expires /
Cardholder's Name (as it appears on your card)  Signature
Cardifolder's Name (as it appears on your card)
□ To pay by online banking
Parkinson's New Zealand
03 0502 0727744 00
Please include your Supporter Number (if known) or Phone number as Reference and 'Donation' as the Code

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