

I WOULD LIKE TO SUPPORT MATER DEI'S CHILDREN!

I wish to make a **tax deductible** donation of \$ _____

I enclose my cheque/money order or

Please charge my: Mastercard Visa AMEX

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Expiry ____/____ Signature _____

Mr/Mrs/Ms/ _____
First Name *Surname*

Postal Address *Postcode*

Telephone (Day Time) *Telephone (Mobile)* *Email*

I wish to give ongoing support. Please charge \$ _____ monthly to my credit card above until I advise otherwise.

- Please send me more information about:
- Becoming a member of the Mater Dei Foundation
 - Joining Mater Dei's Workplace Giving Program
 - Becoming a supporter of Mater Dei's Scholarship Program
 - Remembering the children of Mater Dei in my Will.

If you would like to make a donation to Mater Dei please complete this coupon and return it to: **Mater Dei PO Box 3090 Narellan NSW 2567**

Thank you!