

# DONATION COUPON

Please complete the form and return in the free post envelope to:  
Paralympics New Zealand, PO Box 99 178 Newmarket, Auckland 1149



**Yes, I wish to make a donation to Paralympics New Zealand.**

## YOUR DETAILS:

Dr/Mr/Mrs/Miss/Ms First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

- I wish to make a donation to Paralympics New Zealand. Please send a receipt.
- I wish to make a donation to Paralympics New Zealand. I do not require a receipt.
- I am not in a position to donate right now. However please keep me on your mailing list. I am interested in being kept informed of the athlete's achievements. I have a particular interest in \_\_\_\_\_ (*name of athlete or sport*).
- Please delete me from your mailing list.

## PAYMENT OPTIONS:

Online Banking: Paralympics New Zealand Inc, ASB Bank, 12-3013-0033083-000

Cheque: Payable to Paralympics New Zealand