



Friend of Solve Application Form - Individual

I would like to become a Friend of Solve

Please print

NAME

ADDRESS

..... POSTCODE

EMAIL:

SIGNATURE DATE

I enclose a cheque / money order / credit card payment for:

\$25.00 (including GST)

\$ Donation

_____ **TOTAL**

Credit Card: MasterCard / Visa (Mark applicable card)

Credit Card Number: Expiry Date:

Name on card:.....

Signed:..... Date:.....

Or direct deposit: Name: Solve Disability Solutions Inc. BSB: 063 142 Acct #: 1047 7239