

I would like to be a founding member of the John Howard Fellowship.	
Name:	
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I would like to support the John Howard Fellowship program. Please except my donation:  Each year for the next three years  One off donation for the amount below	
My donation is: \$\begin{aligned} \$1,000 & \$500 & \$250 & Other \$  Cheque enclosed	
I will make a bank transfer to NAB, BSB: 082 356 Account#: 100415342	
Please charge \$to my Amex Mastercard Visa	
Card No.	
Expiry Date:	
Name on Card:	
Signature: :	

Thank you for supporting the John Howard Fellowship.

Your personal information is being collected to process membership and donations, issue receipts and send updates on our programs. Your personal information will be collected, used and disclosed in accordance with our Privacy Policy. Our Privacy Policy at cis.org.au/privacy-policy outlines how to access, update, correct and collect your personal information and privacy inquiries.

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