

## Do it 4 Stroke Receipt Form



Thank you for participating in Do it 4 Stroke. Your donation will help the National Stroke Foundation reduce the impact of stroke in our community by supporting important programs dedicated to research, prevention, treatment and awareness of stroke. Please complete and return this form in the reply paid envelope provided and a receipt will be sent to the nominated address below.

Mr  Mrs  Ms  Miss  Dr  Other  \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please accept my donation of: \$ \_\_\_\_\_

Thank you for your support and generosity.  
Please note that donations over \$2 are tax deductible.

ABN 42006173379



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