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National Foundation for Australian Women Preferred Donor Fund : Children By Choice

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My total payment is for \$.....

I will pay this by:

- Cheque made out to NFAW
- Credit card (Visa, Mastercard, Bankcard)
– Minimum transaction amount is \$25

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Expiry date □□/□□ Signature _____

Send this form, (with your cheque or credit card details), to:

**NFAW,
PO Box 5009, Nowra DC NSW 2541**

A tax deductible receipt will be returned to you.

Our sincere thanks for your valuable donation.