



YES! I can make sure families don't have to face the challenges of cystic fibrosis alone



STEP 1. Please accept my gift of

- \$50 \$100 \$150 Other \$ _____
- Please make this a recurring monthly donation**

A recurring donation gives a family with CF consistent support

STEP 2. I'd like to pay by

Credit or debit card Visa Mastercard

Card number

Expiry date / Signature

Name of cardholder

Cheque (made out to Cystic Fibrosis NZ)

Bank deposit/internet banking

Account name: Cystic Fibrosis NZ
 Account no: 12 3147 0230576 00
 References: Particulars: [Your first and last name] Reference: DMNOV20

Important so we can receipt you

STEP 3. Amplify your impact

- Please send me information on leaving a gift in my will
- I'd like to discuss a pledge to cover specific support, for example physical activity grants, transplant support, or welfare assistance.

STEP 4. Return this form in the reply paid envelope provided today. **THANK YOU!**

Or, make an instant donation at www.cfnz.org.nz/donate

You can also make a secure credit card donation by calling 0800 651 122

It's important that we address you in the way you wish, please make any changes below.

Name: _____ Home phone: _____
 Address: _____ Mobile phone: _____
 Email: _____

*Thank you for your generosity and kindness.
Laura*