



PO Box 42
DEAKIN WEST ACT 2600
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ABN 49 008 532 072
Vic Benevolent Fund (89007)

Benevolent Fund Donation: I would like to pledge the following amount of:

\$ _____

We would like to thank you in advance for your contribution.

(Mastercard, Visa or Amex)

Signature _____

Cheque Payment

Please send your payment to PSA PO Box 42 DEAKIN WEST AC

Cardholders Name (if different from above)

_____/_____/_____/_____/_____ Expiry ____/____

EFT Payment

Account name: **Pharmaceutical Society of Australia** BSB: **032-731** Account number: **731022**
Include invoice number 142215 as reference. Email remittance advice to accounts@psa.org.au
Please quote reference: Vic Benevolent Fund 89007