Money return form

It is helpful to us when our community supporters use this form. We like to be able to thank all our supports. It also means that it is easier for us to track your valued contributions.

PERSONAL INFORMATION		
Your Supporter Number (if ap	oplicable):	
Contact person name (first &	last):	
Group/School name:		
Address:		
City:	Postcode:	
Phone number:	Mobile:	. <u></u>
Email address:		
Event name and date:		
Tatal vaisa di		
Total raised:		
\$		
Cheque enclosed:	Paid directly into the Neurological F	oundation bank account:
Date://		
☐ This is my last donation	☐ I have raised money online	☐ I have more money to send
☐ An organisation will be ma	tching the funds raised. Organisation o	letails for matched giving receipt:
Contact Name:		
Postal Address:		

It should be noted that New Zealand taxation laws stipulate that sponsorship cheques/ ticket costs/ auction or raffle purchased do not qualify for taxation receipts.

Thank you for your support. Without your contribution, we wouldn't be able to fund ground-breaking research into the 700+ neurological conditions that exist today.