





YOUR SUPPORT WILL MAKE A DIFFERENCE

Your support is vital for us to continue to provide support, information and education to the 18,500 Queenslanders affected by Parkinson's. Your donation, no matter the amount, plays a crucial role in funding our services that help people living with Parkinson's, their carers and family, as well as health professionals.

This includes our support and referral services, access to our Parkinson's Specialist Nurse Educator, our publications and fact sheets, our library and resource centre, forums and seminars for people with Parkinson's and health professionals, our free call number, and much more.

Please give generously in support of all people affected by Parkinson's. You never know how many lives you can change with your thoughtful donation.

For more information, please call our office, or fill out the form below and return to us in the envelope supplied. For any questions, please call our office at 1800 644 189.

Donation Form - Thank you	for supporting u	s as we all make a diffe	erence together.
Title: (please circle) Mr / Mrs / Ms / Miss / Dr / Prof.	First Name:		Surname:
Address:			Post Code:
Telephone:	Mobile:		
Email Address:			
Payment Details:			Please add me to your mailing list
\square I would like to donate via ch	eque (enclosed)	- Amount \$	
\square I would like to donate via cre	edit card - please	charge my card as per	details below:
□ \$100 □ \$50 □ \$25 □ Other \$	S		
Card Type: ☐ Visa ☐ MasterCard	Name on Ca	rd:	Expiry Date:
Card Number:			Signature:
☐ I would like to donate via EF Queensland bank account listed		9	
Account Name: Parkinson's Queensland Inc.	BSB: 064 000	Account Number: 1515 7935	
☐ I would like more information	about how I car	remember Parkinson's	
☐ This donation is made in hone	our of (Please pro	ovide name here)	STERED CAN



^{*} Donations over \$2 are tax-deductible. Please do not send cash.