

Please use
this form to
become a
Field Partner



Your details

ID Number (if known):

Title: First name: Surname:

Address: Suburb: State: Postcode:

Phone (mob): Phone (hm):

Email: DOB:

I would like to support Médecins Sans Frontières' ongoing work by becoming a Field Partner and making a regular MONTHLY donation of:

\$20 \$35 \$50 \$75 Other \$ (min \$10) per month

1 Monthly gifts by Credit Card (please complete section 1 & 3)

Card Type: Visa MasterCard Amex Diners

Card No:

Expiry Date: -

Name on Card:

2 Monthly gifts by Direct Debit (please complete section 2 & 3)

Direct Debit Request: By signing this document I/we authorise Médecins Sans Frontières Australia (MSF) ABN 74 068 758 654 (user ID No 121896) to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed through the Bulk Electronic Clearing System. This authorisation is to remain in force in accordance with the terms outlined in the service agreement.*

Financial Institution Name & Branch:

Account Name:

BSB Number: - Account Number:

* Direct Debit Service Agreement: 1: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution. 2: You are advised to check your account details by contacting your financial institution. 3: Your account will be debited on the first or third Wednesday of each month or nearest working day after. 4: It is your responsibility to ensure sufficient funds are in the nominated account when payments are to be drawn. If the transaction is returned unpaid, we will contact you seeking your instructions. Any dishonour fees payable by Médecins Sans Frontières Australia in respect to this agreement will be added to your next month's drawing. 5: Should you wish to cancel, defer or make alterations to the direct debit arrangement, please call 1300 13 60 61 or write to Médecins Sans Frontières Australia PO Box 847, Broadway NSW 2007, giving 14 days' notice. We will give you 14 days' notice if we vary the initial debit arrangements. 6: Should you have any queries or dispute any debit item, please contact Médecins Sans Frontières Australia in the first instance. If you do not receive a satisfactory response from Médecins Sans Frontières Australia to your dispute, contact your financial institution. You will receive a refund of the drawing amount if Médecins Sans Frontières Australia cannot substantiate the reason for the drawing. 7: Your records and account details will be kept private and confidential, to be disclosed only to initiate the drawing from your nominated account or if requested by yourself or financial institution if a claim is made for an alleged incorrect or wrongful debit.

3 Authorisation

I/We authorise MSF Australia to debit the selected account or credit card with the amount specified unless otherwise notified.

Signature(s): Date:

Personal information is collected to process donations, issue tax receipts and send updates. Please contact us if you wish to limit the use of your personal information or to stop receiving direct marketing material. Our privacy policy is available at www.msf.org.au/privacy and contains information on how you can access or correct your personal information, who we disclose your personal information to (including overseas recipients) and how you can lodge a complaint. All donations are directed to where the medical need is greatest. Thank you. Médecins Sans Frontières Australia Ltd ABN 74 068 758 654

Communication preferences: Médecins Sans Frontières sends you direct marketing material from time to time such as updates on our work. If you no longer wish to receive information by mail, you can send a letter to the Supporter Relations Manager, P.O. Box 847, Broadway, NSW, 2007. Or, call us on 1300 136 061 to discuss your options.

All donations over \$2 to Médecins Sans Frontières are tax deductible.

Please return this form to:
Médecins Sans Frontières Australia,
Reply Paid 847, Broadway NSW 2007
or fax to (02) 8570 2699 or call 1300 136 061

