☐ I agree with the objectives of the Simeon Association Limited and would like to be a member for the fee of $100.

☐ I wish to be a supporter of the Mathew Hale Public Library and receive regular updates

☐ I wish to make a one-off tax-deductible donation to the Mathew Hale Public Library of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I wish to make a regular tax-deductible donation every month / quarter /year to the Mathew Hale Public Library of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/s .....................................................................................

Address: .....................................................................................

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Phone: .......................................................................................................

Email: .......................................................................................................

Signature: ..................................................................................................

☐ Direct Debit (include name as the Reference)

 BSB 03400 Account No: 687856

☐ Cheque

☐ MasterCard ☐ Visa

Card No: .....................................................................................................

Expiry date:..................................

Name on card: .........................................................................................

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