



Thank you for donating to ANTaR!

A05XW

CONTACT INFORMATION

Name

Address

Suburb

State

P'code

Email

Phone W ( )

H ( )

DONATION - please tick one of the options below

☐ MONTHLY DONATION

Monthly donations reduce administration costs and enable more campaigning:

- ☐ \$15 per month    ☐ \$25 per month  
☐ \$35 per month    ☐ \$50 per month  
☐ other \$ \_\_\_\_ per month (min. \$10)

☐ SINGLE DONATION

Please accept my single donation of:

- ☐ \$100    ☐ \$50  
☐ \$150    ☐ \$250  
☐ other \$ \_\_\_\_\_  
☐ tick if receipt required

**Your donation will help pay for ...**

\$100 a mailbag full of letters to be delivered personally to John Howard.

\$150 research into wages stolen from Aboriginal workers, for a national inquiry.

\$250 media briefing kits and a media release across Australia.

\$500 public education and awareness raising about the crisis in Indigenous health.

☐ CHEQUE / MONEY ORDER    single donations payable to ANTaR

☐ CREDIT CARD for monthly or single donations

☐ Visa    ☐ Bankcard    ☐ Mastercard    ☐ Amex

Card No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp. date \_\_\_\_ / \_\_\_\_    Signature \_\_\_\_\_

☐ DIRECT DEBIT for monthly donations

Name of financial institution:

Institution address/branch:

BSB No: \_\_\_\_    Account No:

(6 digit number)

Account in the name(s) of:

**Direct Debit Request:** I/we authorise Australians for Native Title & Reconciliation (ANTaR) Inc, to arrange for funds to be debited from my/our account at the financial institution identified above. This authorisation is to remain in force in accordance with the terms described in the service agreement below:

1. Direct debiting is not available on the full range of accounts. Please refer to your financial institution. 2. Please check your account details with your financial institution. 3. Your account will be debited in the first week of each month. 4. It is your responsibility to ensure sufficient clear funds are in the nominated account. If the transaction is returned unpaid, we will contact you seeking your instructions. 5. Should you wish to cancel, defer or make alterations to the direct debit arrangement, please contact ANTaR. 6. We will give you 14 days notice if we vary any of the debit arrangements. 7. Should you have any queries or dispute any Debit Item, please contact ANTaR in the first instance. 8. Your records and account details will be kept private and confidential.

Signature:

Date:    /    /

Please send your donation form to:

ANTaR  
PO Box 1176  
Rozelle NSW 2039

Fax: 02 9555 6991

Email: [antar@antar.org.au](mailto:antar@antar.org.au)

This Appeal helps ANTaR nationally in all branches. To participate in action in your local area, become a member of your State or Territory ANTaR:

☐ Please send me information about joining my State or Territory ANTaR

☐ Please send me information about including ANTaR in my Will

**Thank you !**  
for your support for ANTaR