

EVERY CENT OF EVERY DOLLAR YOU DONATE TO THE TREVOR DALEY FUND GOES DIRECTLY TO SUPPORT LOCAL PEOPLE LIVING WITH HIV*

\$5 A MONTH

over a year will pay for a food hamper during December, a time of year that can be financially stressful for people on low incomes.

\$10 A MONTH

over a year will allow us to provide complementary therapies, such as vitamins or massage, that can have a direct impact on an individual's quality of life.

\$50 A MONTH

will pay for a professional or personal development course, enabling individuals to pursue their health and wellbeing goals including returning to work.

BE ASSURED THAT 100% OF ANY DONATION GOES DIRECTLY TO SUPPORTING PEOPLE LIVING WITH HIV.

Visit the AIDS Action Council of the ACT or go to our website www. aidsaction.org.au to make a real difference.

Alternatively, fill in your details over and return to the Council at PO Box 5245 Braddon ACT 2612 or use one of the payment options listed.

If you have any queries about the Trevor Daley Fund or the work of the AIDS Action Council, don't hesitate to contact us on (02) 6257-2855.



*The Trevor Daley Fund is managed by the AIDS Action Council of the ACT and all administrative and banking costs are fully absorbed by this agency. The AIDS Action Council is a Deductible Gift Recipient under Australian Tax Office legislation and all donations above \$2 are fully tax deductable.



I WISH TO MAKE A DONATION TO THE TREVOR DALEY FUND

PERSONAL DETAILS TITLE FIRST NAME SURNAME **POSTAL ADDRESS** MOBILE HOME PHONE **EMAIL ADDRESS** AIDS ACTION COUNCIL MEMBER \square YES \square NO Please contact me to talk about setting up a regular ongoing donation One-off donation amount \$ All donations over \$2 are tax deductible **PAYMENT DETAILS** Visa MasterCard Cheque * Money order *Please make cheques payable to The Trevor Daley Fund Credit Card details Expiry date NAME ON CARD Direct deposit to St George Bank BSB: 112908 Account #: 041355781 Ref: your name: TDF Donation ot I am interested in becoming a member of the AIDS Action Council of the ACT, AIDS**ACTION**COUNCIL please send me further information. Please forward by Post Email

DATE

OFFICE USE ONLY
RECEIPT #

STAFF MEMBER