

**CHALLENGE SOUTHERN HIGHLANDS INC**  
**ABN 99 536 233 732**  
**PO Box 67**  
**Bowral NSW 2576**



**MEMBERSHIP 2013-2014**

1. Name:- .....

2. Name:- .....

**Subscription due is \$10 for each member of Challenge Southern Highlands. I also wish to make a tax**

Please accept my/our donation of \$.....  
**or**

I would like to make a Credit Card donation of \$..... each month  
for .....months / until instructed otherwise.  
(Please delete which is not applicable)

For donations by Credit Card please complete the following:-

Card Number \_\_\_\_\_  
Visa, Mastercard, American Express, Diners Club

Expiry Date \_\_\_/\_\_\_/\_\_\_  
Name on Card \_\_\_\_\_

Card Holders Signature \_\_\_\_\_ Date \_\_\_\_\_

To enable your receipt, for income tax purposes, to be sent to you please complete the following details.

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Postal Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

**Thank you for supporting Challenge Southern Highlands.**

Challenge Southern Highlands Inc is a registered charity.  
Authority to fundraise for Charitable Purposes Number CFN 10487.  
Donations of \$2.00 or more are tax deductible.  
Deductible Gift Recipient Number SSO/ADVR/GF0283