

ESTONIAN RELIEF COMMITTEE LTD

ABN 50 091 457 911

Registered Office: 160 Michell Road, Thirlmere NSW 2572
Telephone: 61 2 4681 8511 Fax: 61 2 4647 7332

Subscription/Donation Form
2017/2018 Financial Year

To the Treasurer

I, _____
(full name)

of, _____
(address)

Enclose: Annual Subscription: Retiree - \$5 Student - \$10 All others - \$20

Donation \$ _____

Total \$ _____

(Signed)

(date)

ESTONIAN RELIEF COMMITTEE LTD

ABN 50 091 457 911

Registered Office: 160 Michell Road, Thirlmere NSW 2572
Telephone: 61 2 4681 8511 Fax: 61 2 4647 7332

Subscription/Donation Form
2017/2018 Financial Year

To the Treasurer

I, _____
(full name)

of, _____
(address)

Enclose: Annual Subscription: Retiree - \$5 Student - \$10 All others - \$20

Donation \$ _____

Total \$ _____

(Signed)

(date)