Your Details

Title:	Fi	First Name:				Las	Last Name:		
Organisation:						Jol	Job Title:		
Address:									
State:			Postcode:			Country:			
Phone:			Fax:			Email:			
our Contrik	nution								
Frequency:		e only	☐ Annually for years, on the month of						
For annual contributions I will commit to repeat this same contribution for the number of selected years. □ Receive annual invoice									
Amount:	\$10 ,	,000	□ \$5,000		□ \$1,000	□\$	500	☐ Other: \$	
	tLII recog	gnises con	tributions in	the	calendar year fo				ons unless requested not ed.
cknowledg	ement	t							
□ Organisation □ Indi			vidual 🖵 Anonymous			5			
AustLII will pu	ublicly ac	knowledge	e your contri	ibutio	on unless you se	elect '	'Anonymo	us'.	
our Payme	nt								
Method:	Cı	i	☐ Cheque			☐ Invoice			
Card Type:	□ VI	□VISA			☐ MasterCard		☐ American Exp		oress
Cardholder Name:				Card Number:					Expiry Date:
Signature:									

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