



FRAGILE X TRUST (NZ)

Supporting New Zealand
families living with
fragile X syndrome

FRAGILE X TRUST (NZ)

MAILING LIST APPLICATION / RENEWAL

for the year ending March 2012

Name: _____

Address: _____

Telephone: _____ Mobile: _____ E-mail: _____

Relationship to person with fragile X syndrome:

PARENT(S)

Please provide information about your children with fragile X

Name: _____ Sex: __ Birth year: _____ Diagnosis year: _____

Name: _____ Sex: __ Birth year: _____ Diagnosis year: _____

Name: _____ Sex: __ Birth year: _____ Diagnosis year: _____

PROFESSIONAL Profession: _____

OTHER Relative, friend, student, carer, other? _____

Questions, comments: _____

I give my permission to have my name and contact details passed on to other families in my area. Yes No (please circle one)

The Fragile X Trust (NZ) is a charitable organisation that relies on your donations to operate. We request an annual donation of \$10 or more per family to assist our endeavours. Donations over \$5 are tax deductible. Please make cheques payable to: **Fragile X Trust (NZ)**

I enclose an annual donation of: \$ 10.00

I enclose a further donation of: \$ _____

Total Payment: \$ _____

Please send this form and donation to: **Fragile X Trust (NZ), 196 Taita Drive, Lower Hutt 5011**

All information obtained is for the sole purpose of the Fragile X Trust (NZ) as directed by the Privacy Act 1993. Information will not be given to a third party without your written consent. For more information:

Email: admin@fragilex.org.nz Phone: **0508 938 0552**

Office Use only

Date Received ___/___/___ Info Pack Sent _____ Receipt No. _____ Enter Database _____