



## donation form

I would like to donate to Children's Hospital Foundations Australia the amount of:

\$50      \$100      \$200      Other \$.....

### type of card

Visa      Mastercard

Card Number .....

Card Expiry Date .....

Name on card .....

### your details

Mr      Mrs      Ms      Miss      Master

Name .....

Street Address .....

Suburb ..... State .....

Contact telephone (.....).....

Email .....

Signature .....

Yes, I would like to receive further news and information

Thank you! Your generous donation will go towards helping little lives shine.

Once your donation is received we will forward you a receipt. Don't forget donations of \$2 or more are tax deductible (Australia only).

### Mail this form to:

Children's Hospital Foundations Australia  
Donations  
PO Box 99  
Herston  
Brisbane  
QLD 4029

