

Donation Form

Yes I would like to help the Royal Children's Hospital Foundation, Melbourne purchase urgently needed medical equipment and support ground breaking research programs.

I would like to make a donation of \$:

Please direct my donation to:

where it is most needed

other, please nominate area:

Payment Details

I am paying by: Cheque* Money order Credit Card Cash

*Please make cheques payable to The Royal Children's Hospital Foundation

Credit card details

Visa MasterCard American Express

Card number:

Expiry date:

Cardholder's name:

Cardholder's signature:

Please issue a receipt in the name of:

Contact details: (Please print)

Title:

First name:

Last name:

Mailing address:

Suburb:

State:

Postcode:

Telephone number:

Email:

Thank you for your support. Donations of \$2 and over are tax deductible. Please allow seven business days to process your donation. A receipt will be sent by mail.

Please send completed form to:

The Royal Children's Hospital Foundation
50 Flemington Road
PARKVILLE VIC 3052

Or fax to: (03) 9345 6900

Enquiries: RCH Foundation 03 9345 5037 Email: rch.foundation@rch.org.au