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## Donation Form

Yes I would like to help The Royal Children's Hospital purchase urgently needed medical equipment and support ground-breaking research programs.

My donation to the Royal Children's Hospital Foundation is	\$
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### Please direct my donation to:

where it is most needed

other (please nominate area) \_\_\_\_\_

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	
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Thank you for your support. Donations of \$2 or more 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](mailto:rch.foundation@rch.org.au)