

Donation Form



Royal Children's Hospital **Auxiliaries**

Please complete this form and forward your donation to:

Auxiliary Office
The Royal Children's Hospital
Flemington Road
PARKVILLE VIC 3052

Or fax: (03) 9347 5146

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone: _____

Email: _____

Nominated Auxiliary: _____

I would like to donate \$ _____ (Donations of \$2 or more are tax deductible)

- My cheque is enclosed

OR

- Please debit my credit card: (Please circle)

Visa

Bankcard

Mastercard

Amex

Card holder: _____

Card Number: _____ / _____ / _____ / _____

Expiry date: _____ / _____

Signature: _____

Thank you for supporting The Royal Children's Hospital Auxiliaries!