



Yes! I want to help with the new Joan Kirner Women's and Children's Hospital

Please accept my gift of  \$35  \$75  \$150  \$500  \$1000  My choice \$ \_\_\_\_\_

### My Payment Details

I have enclosed a cheque/money order (made payable to Western Health Foundation)

Please debit my credit card  Visa  MasterCard  American Express

Card number

Expiry date   /   CVV (4 digits for Amex only)

Cardholder's Name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

### My Details

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth\* \_\_\_\_/\_\_\_\_/\_\_\_\_

\*We use birthdates to help identify people with similar names. We respect your privacy and do not use these details for any other purpose.

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Please email my receipt  Please issue receipt in my business name

### More Information

Please send me more information on:

- Including Western Health in my Will
- Holding my own fundraising event

Please be advised that:

- I have already left Western Health a gift in my Will
- I do not wish to receive further appeal information



Please complete this form and return it with your donation to Western Health Foundation, Locked Bag 1200, SUNSHINE VIC 3020.

All donations over \$2 to Western Health Foundation (ABN 37 867 721 909) are tax-deductible. Collection and use of your personal information is governed by our Privacy Policy (available at [www.whfoundation.org.au](http://www.whfoundation.org.au)) and will not be shared with third parties.

 Donation Hotline:  
**1300 079 599**

 Donate Online:  
**womensandchildrens.wh.org.au**

