

DONATION FORM



Yes. I would like to donate to The Royal Children's Hospital Good Friday Appeal to help the hospital purchase urgently needed medical equipment and fund important research projects.

I would like to make a donation of

\$

PAYMENT DETAILS

I wish to pay my donation by

CHEQUE

MONEY ORDER

CREDIT CARD

If paying by cheque, please make payable to: RCH Good Friday Appeal

CREDIT CARD DETAILS

VISA

MASTERCARD

AMERICAN EXPRESS

Card number

Expiry date

CVV

Cardholder's name

Cardholder's signature

Please issue receipt in the name of

CONTACT DETAILS (please print)

Organisation name

Title

First name

Last name

Postal address

Suburb

State

Postcode

Telephone number

Email address

Donations of \$2 and over are tax deductible. A receipt will be sent by mail.

Please send completed form to

Good Friday Appeal

PO Box 14744

MELBOURNE VIC 8001

or fax to (03) 9292 2650

Enquiries Good Friday Appeal (03) 9292 1166 | Email contact@goodfridayappeal.com.au

Thank you for your wonderful contribution to The Royal Children's Hospital Good Friday Appeal.