In Memory Donation Form

Thank you for providing a gift in remembrance of your loved one to The Children's Hospital at Westmead. Your gift will assist the children who need our services each year.

To make a donation, please complete the form below (you may photocopy this as many times as you need) and using the contact details below fax (credit cards only) or post (cheques, money order and credit cards only, please no cash) your donation to the Hospital. Alternatively, if you are in close proximity to the Hospital, you may bring your cash donations into the Hospital's Fundraising Department, Monday to Friday between 9am and 5pm.

Fax: 02 9845 3457 – Please attention your fax to the "Bequest Manager"

Post: Reply Paid AAA88
The Children's Hospital at Westmead
Fundraising Department
Locked Bag 4001
Westmead NSW 2145 Australia

Street: Corner of Hawkesbury Rd and Hainsworth St, Westmead

Once we receive your donation, we will send you a thank you letter with your tax receipt. Additionally, if you have provided us with contact details, we will send a letter to notify the family of the person you have donated in memory of, of your donation. For privacy, we do not disclose the amount of your donation.

If you have any questions or prefer to make your credit card donation over the phone, please call us on 02 9845 3367.

My gift is made in loving memory of : _____

Your Details

Mr/Mrs/Ms/Miss First Name: Surname:

Address:

Suburb:

Phone: Email:

My donation for $ (made out to The Children's Hospital at Westmead) is enclosed, OR please charge my credit card.

Amex Visa Mastercard (please circle)

Card No. □□□□ □□□□ □□□□ □□□□
Expiry Date:
Card Holder's Name:
Card Holder's Signature: