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 500,000 children who need our services each year.

To make your 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. Alternately, if you are in close proximity to the hospital, you may bring your cash donation into the hospital's Fundraising office, Monday to Friday between 9am and 5pm.

Fax: 02 9845 3457 - Please attention your fax to "The Planned Giving Manager"

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

Street: The Children's Hospital at Westmead
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 3463.

My gift is made in loving memory of: _____

Your Details

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

Address:

Suburb: State: Postcode:

Phone: Email:

Details of the family who we can notify of your gift

First Name(s): Surname:

Address:

Suburb: State: Postcode:

Your donation details – All donations over $2 are tax deductible

My gift today is $

I would like my gift to assist: ☐ Where most needed ☐ Research at The Children's Hospital at Westmead
☐ Oncology & Cancer Research ☐ Bear Cottage ☐ Other (please specify)_____

Your payment details

I enclose my cheque / money order payable to The Children's Hospital at Westmead OR

Please debit my: Amex Bankcard Visa Mastercard

Card Number:

Expiry Date: Card Holders Name:

Card Holders Signature:

Office Use Only:
DN: _____ CC: MEM2001/MEM2001C/MEMBEAR L: 9200/8640/9284/9411/_____ REL: _____