

YES, I WOULD LIKE TO HELP

Name:

Address:

P/C:

Phone: -

Mobile:

Email:

MY APPRECIATION GIFT

\$10 \$100 \$500

\$20 \$200 \$1,000

\$50 Others

Ongoing support, please charge
monthly to my credit card until advised otherwise.

CARD HOLDER'S DETAILS

Cheque / Money Order
please make cheque payable to The Wesley Hospital

Diners MasterCard Visa Amex

Name on card:

Card number:

Expiry date:
Month Year

Card holder's signature

Your tax receipt will be posted to you shortly. Thank you.

Please return this form via fax to 3232 6227 or post to
The Wesley Hospital Kim Walters Choices Program
PO BOX 499 Toowong QLD 4066

My
appreciation
gift to



The Wesley Hospital treats all supporter information confidentially. Your privacy is of utmost importance to us.

If you do not wish to continue to receive fundraising direct mail from the Wesley, please tick this box.

