

Donation Form

I would like to help Catholic Healthcare by making a donation

Name (Mr/Mrs/Ms/Miss/Other): _____

Address: _____

_____ Postcode: _____

Telephone: _____ Email: _____

Please accept my gift of:

\$30 \$50 \$100 other amount \$ _____

Please find enclosed my cheque/money order made payable to Catholic Healthcare Limited,
OR

Please charge my credit card:

Credit Card Details

Please debit my credit card: Visa Mastercard

Card no:

Name on Card: _____

Expiry date: / Signature: _____

OR

I will pledge a regular monthly credit card donation of

\$30 \$50 \$100 other amount \$ _____
(you may change or cancel at any time)

I would like my gift to assist:

Where my support is most needed, OR Particular service: _____

Please return this coupon with your donation and rest assured your details will remain confidential.

Please send me information about how I can remember Catholic Healthcare in my Will.

Donations of \$2 or more are tax deductible