

Donation Form

If you would like to make a donation to Allowah by mail, please print this form, complete the details below and then mail to:

Allowah Presbyterian Children's Hospital
8 Perry St,
Dundas Valley NSW 2117

Donor details:

Please tick if you would like to remain anonymous (NB a receipt will not be sent.)

Name: Title: _____

First Name: _____ Last Name: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Payment details:

I would like to donate \$10 \$20 \$50 \$100 \$_____

Enclosed is my cheque / money order (Please make out to 'Presbyterian Social Services')

Please charge my credit card

Credit Card details:

Please tick if you would like this to be a regular monthly donation

Card Type: VISA Mastercard

Card Number: _____

Expiry Date: ____/____/____ CCV: _____

Cardholder's Name: _____

Signature: _____

Date of donation: ____/____/____

Comments: _____