

DONATION FORM

Thank you so much for contributing to the work of Allowah. Your generosity helps us continue to provide care and support to children with complex disabilities and their families.

Please complete this form and send it to us at **8 Perry St, Dundas Valley NSW 2117** to be processed. If you have any questions, please feel free to give us a call. Donations can also be made through our website or by direct debit. Visit www.allowah.org.au/donate.

DONOR DETAILS:

Please tick if you would like to remain anonymous - *Note: a receipt will not be sent.*

First Name:	
Last Name:	
Email Address:	
Mailing Address:	
Phone: (optional)	

Please tick how you would like to receive your receipt: **By email** **By mail**

PAYMENT DETAILS:

I would like to donate: \$ _____

Payment method:

- Cheque / money order: *Please make out to 'Allowah Presbyterian Children's Hospital'*
- Credit Card:

Card number:	
Expiry:	CCV (3-digits on reverse side):
Cardholder's name:	
Signature:	Date of donation:

Comments: _____