



# HeartKids Victoria Donation Form

*Embracing a future for HeartKids*

ARN: A0021470B  
ABN: 16 336 986 918

Yes, I want to make a tax deductible donation to HeartKids Victoria. Please complete this form, print it out and enclose it with your payment, payable to HeartKids Victoria. Mail to: HeartKids Victoria C/o Cardiology Department, The Royal Children's Hospital, Flemington Road, Parkville Victoria 3052.

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Day Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

I am a HeartKids Victoria Volunteer:                      Yes/No

I am a HeartKids Member:                                      Yes/No

### *My gift to HeartKids Victoria is*

  I would like to make a donation of: \$ \_\_\_\_\_

Please find enclosed cheque/money order made payable to HeartKids Victoria.

  I would like to make a donation of: \$ \_\_\_\_\_


Please debit my:     MasterCard                       Visa

Card Number: \_\_\_\_\_

Card Expiry Date:    \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

HeartKids Victoria supporters now have the option of becoming a regular donor.

  Yes I would like to make ongoing donations to HeartKids Victoria.

Please automatically debit my credit card:


Monthly                       Quarterly                       Yearly

For the amount of:    \$

I hereby authorise HeartKids Victoria to deduct these funds from the credit card detailed on this form until further notice.

Date:                      \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

 *Thank you for donating to HeartKids Victoria  
Together we can make a difference*

**PROTECTING YOUR PRIVACY:** The personal information that you provide will only be used by HeartKids Victoria and will not be disclosed to any other parties.