

DONATION FORM

To support the



All donations over \$2.00 are tax deductible

Title (Mr/Mrs/Miss/Ms/Dr): _____

Name: _____

Address: _____

Telephone: _____

Email: _____

I would like to donate: \$25 \$50 \$75 \$100
(please tick box)
 \$200 Other \$ _____

METHOD OF PAYMENT

Enclosed is my cheque/money order
(made payable to the Flinders Medical Centre Foundation)

OR

Please debit my: Amex/Diners Visa Mastercard

Card number: _____

Expiry date: ____ / ____ Signature _____

Please mail this form and your donation to:

Flinders Medical Centre Foundation
Attention: Maxine Pollard
Flinders Drive, Bedford Park 5042
South Australia
or fax (08) 8204 5596