

Every donation
brings us closer to our goal.

I would like to help WA's sick kids get well and stay well by making a regular donation.

MY DETAILS

Title _____ First Name(s)* _____
Surname* _____
Organisation (if applicable) _____
Street Address* _____
Suburb* _____ State* _____ PCode* _____
Email* _____
Phone* _____ DOB ____ / ____ / ____
*required for tax receipting

MY REGULAR DONATION

I authorise Perth Children's Hospital Foundation to debit \$
from my credit card every ____ month/s
beginning on the ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th day of the month
starting in (month) (year)

MY CREDIT CARD DETAILS

Please debit my credit card: ☐  ☐  ☐ 
Card number
Cardholder's Name _____
Expiry Date _____
Signature _____

A taxation receipt will be sent to you

To reduce costs, an annual taxation receipt for all your donations will be sent to you in July each year.

Please send this completed donation form to:

Perth Children's Hospital Foundation
PO Box 1818
Subiaco WA 6904

OR by phone:

(08) 6456 5550

OR via the following link:

pchf.org.au/regular-giving

- ☐ Please keep me updated on how my support is making an impact and other opportunities to get involved with Perth Children's Hospital Foundation.

By ticking this box, Perth Children's Hospital Foundation may communicate with you by email, post and/or telephone. You can change your communication preferences at any time.

Perth Children's Hospital Foundation respects your privacy and follows the Privacy Act and Australian Privacy Principles.

You can access our full Privacy Policy at pchf.org.au or by calling us on (08) 6456 5550.

Contact us:

t (08) 6456 5550 e admin@pchf.org.au
pchf.org.au