



I would like to give kids a chance by making a **regular donation** by credit card

my details

title _____ first name(s)* _____

surname* _____

organisation (if applicable) _____

street address* _____

suburb* _____ state* _____ pcode* _____

tel* _____ mob* _____

email* _____ 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 8249
Subiaco East WA 6008

OR scan this completed form and email to:

admin@pchf.org.au

contact us:

t (08) 6456 5550

e admin@pchf.org.au

w pchf.org.au

Please keep me updated on how my support is helping, along with Perth Children's Hospital Foundation activities by email, post and/or telephone.

By ticking this box, you will receive information about how your support is giving kids a chance, along with other opportunities to get involved in Perth Children's Hospital Foundation events, campaigns and activities. You can access our full Privacy Policy at pchf.org.au or by calling us on (08) 6456 5550.