

Please complete this form and return with your donation to Homeless Healthcare

Post: PO Box 1424, West Leederville, WA 6901 Email: donate@homelesshealthcare.org.au Fax: 08 9381 8903

Donor Details:

Title:		First Name		Surname	
Company:					
Address:	Street				
	Suburb		State:		Postcode:
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Payment Details:

Your Donation:	\$	(Donations of \$2.00 and more are tax deductible)
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Cheque enclosed (*Please make cheques payable to Homeless Healthcare*)

Electronic Funds Transfer to BSB: 066 115 Account: 1055 1286

Credit Card payment: MasterCard Visa CSV _____

Name on Card:

Card Number: Expiry date /

Signature _____ Date: / /

Donation and Acknowledgement Details:

Donations may be acknowledged in Homeless Healthcare public forums e.g. website, newsletter or annual report.

Please tick the box if you wish your donation to remain anonymous.

OR

Name/s for
acknowledgement _____

(Acknowledgement will be by name only and donation amounts will not be included)

Please tick if you would like to receive more information regarding making a Bequest in your Will to Mobile GP

Please tick if you would like to receive more information about making regular contributions to support Mobile GP

Thank you again for your support. We will post you a receipt for your tax deductible donation within a week.
Please make contact if you have any questions or if you would like to support Homeless Healthcare in any other way.