

Yes, I would like to support *The Australian Paediatric Surveillance Unit*

ABN 53 188 579 090

1/ Please Print

Name (Dr, Mr, Mrs, Miss, Ms): _____

Address: _____

Postcode: _____

Phone: _____

Mobile: _____

Email: _____

2/ Please accept my donation of: \$50 \$100 \$150 \$250 \$500 \$ _____ whatever you can afford

OR INSTEAD I would like to either make a regular donation of: \$ _____ per month per quarter per year

3/ Enclosed is a cheque for \$ _____ made payable to: **The Australian Paediatric Surveillance Unit.**

Or Debit my: Visa Amex Mastercard

Card no:

Name on Card: _____

Expiry date: _____

Signature: _____

Telephone: _____

4/ Please send your donation to: **Fundraising Department**
The Children's Hospital at Westmead
Locked Bag 4001 Westmead NSW 2145

Your gift of \$2 or over is tax deductible.
 Please take me off your mailing list

You can also make a donation by phoning (02) 9845 3367, by faxing (02) 9845 3457,
on our toll-free line 1800 770 122 or online at www.chw.edu.au