

Making a Donation

to WOMEN'S HEALTH SERVICES



Please tick the relevant boxes in each section:

- Yes, I would like to make a donation to Women's Health Services**
- I would like to receive more information about how to leave a gift in my will**

Donor:

Title: Ms Miss Mrs Mr Other: _____ Address: _____
First Names: _____ Postcode: _____
Surname: _____ Telephone: _____
Organisation: _____ Email: _____

Donations payable to: WHS – Women's Health Services

Donation amount: \$10 \$50 \$100 \$200 \$500 Other \$ _____

To be used towards: All Services as required Building Fund Services and Program Fund
(If not specified, will be considered as "All Services")

Method of payment: Cheque Money Order Credit card VISA MasterCard

Payment Details:

(Details required only for payments via Credit card, VISA or MasterCard)

Name on card: _____ Card Number: _____
Signature: _____ Card Expiry: _____ (MM/YY)

**Please post your form and donation to: *Women's Health Services, PO Box 32
Northbridge WA 6865***

Many thanks for your support.

Once your donation has been received you will receive a receipt from WHS