



Yes, I want to join the Monthly Giving Program

Details

Dr/Mr/Mrs/Ms/Mr & Mrs

Address

Postcode

Telephone

Email

I would like to receive:

- Newsletters
- Annual Report
- Invitations to events / tours / seminars
- Information about workplace giving
- Information about Wills and bequests

I would like to make an ongoing donation of:

\$25 \$50 \$100 \$500 Gift of choice \$ _____

monthly 3 monthly 6 monthly

Please make ongoing debits of my credit card

Visa Mastercard Bankcard

(We are unable to accept Diners Club or American Express)

Card number / / /

Cardholder's name

Expiry / Signature



Thank you for your support.

We will send you a tax-deductible receipt with the sum of your donation at the end of each financial year.

Please return to:

Public Relations Office
Telethon Institute for Child Health Research
PO Box 855, West Perth WA 6872
or fax 08 9489 7700
or phone 08 9489 7777.