



Donation Form

ABN 78 461 399 212

If you would like to make a donation to the Royal Melbourne Hospital Dialysis Support Group, and help enhance the restricted lifestyle of dialysis patients, please fill out this page and send it to the **RMHDSG c/The Royal Melbourne Hospital, P.O. Box 2074, Parkville, Victoria, 3050** or fax **03 94193886** For any enquiries please phone Anita on 0412 339 791. Donations of \$2 and above are tax-deductible.

I wish to make a donation of \$_____ (I authorise you to charge my credit card)

Title: Mr/Mrs/Miss/Ms/Dr First Name: _____

Surname: _____ Company (if applicable): _____

Address: _____ Suburb: _____

State _____ Postcode: _____

Phone: (H): _____ (W): _____ (M): _____

Email: _____

Receipt to be made out to Company/Personal (Please circle). I'd like to pay by: (please tick)

Cheque payable to RMHDSG

MasterCard Visa Bankcard

Card No:

Expiry date: / \$ Amount: _____

Cardholder's Name: _____

Cardholder's Signature: _____
