



## Donation Form

Name of Donating Person/Company .....

Contact Person .....

Postal Address ..... Post Code .....

Telephone (work) ..... (home) ..... Facsimile .....

Email Address .....

Amount Donated \$.....

### Method of payment

Cheque or money order made out to **Palliative Care NSW** and post with form to:  
PO Box M48 Missenden Road NSW 2050

or

Credit card payment, post or fax form to: PO Box M48 Missenden Road NSW 2050  
Fax 02 9206 2094

Amount \$..... Please charge my (tick one) Mastercard  Visa

Credit Card No.

CCU (last 3 digits on back of card):

Name on card .....

Expiry Date  /  Signature .....

Palliative Care New South Wales is a not-for-profit organisation. Donations of \$2 or more are tax deductible.  
A receipt will be forwarded as soon as possible.

Thank you for your support