



PRINCE OF WALES
HOSPITAL FOUNDATION

DONATION FORM

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Phone (H): _____ (W) _____ Fax: _____

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r Enclosed is my cheque/money order/cash for \$ _____

Payable to **"The Prince of Wales Hospital Foundation Ltd"**

Please charge my MasterCard Visa Bankcard

Cardholder's Name: _____

Credit Card Number: _____ / _____ / _____ / _____

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Amount: \$ _____

Signature: _____

p I would like information about including The POWH Foundation in my will

All donations over \$2.00 are **TAX DEDUCTIBLE**. Please send your donation to

Leanne M. Zalapa
Prince of Wales Hospital Foundation
Locked Bag 3
Maroubra NSW 2035

OR *Place the donation form and money in
an envelope, give it to a member
of staff who will deliver it internally
to the Foundation office*

Your name will be placed on our mailing list and you will from time to time be mailed information such as a newsletter, invitation to events etc. We respect your privacy and do not give your details to any other company or organisation. If you do not wish to be on our mailing list, please contact the Foundation office.

***Prince of Wales Hospital is dedicated to providing excellence
in health care.***

***Your donation will help us achieve our goals and is greatly
appreciated.***