

Mr Mrs Ms Miss

Name: _____ Telephone: _____

Address: _____ Email: _____

Yes, I would like to make a difference...

\$25 \$50 \$100 Other \$ _____

Cheque payable to Ballarat Health Services Foundation or please debit my Credit Card

Mastercard Visa

A receipt will be issued for your tax deductible donation.

Special purpose

I would like my donation to be used for:

Number _____

Expiry date _____

Signature _____

BHS Foundation Limited
P.O. Box 577
Ballarat 3353
Email: foundation@bhs.org.au