

Support St Vincent's Donation Form



Yes, I would like to support St Vincent's

I would like to donate:

- \$1,000
- \$500
- \$150
- \$50
- \$25
- Other amount: \$ _____

I would like this to be a:

- One-Off Gift
- Monthly Gift
- Yearly Gift

Please direct my donation to:

- Area of most need
- Other: _____

NOTE: All donations over \$2 are tax deductible

I would like to make my gift via:

Cheque made payable to **St Vincent's Curran Foundation**

Credit card payment: MasterCard Visa Amex

Card number _____ Expiry date ____ / ____

Cardholder's name _____

Cardholder's signature _____

My details:

First name: _____ Surname: _____

Address: _____

Phone: _____ Email: _____

Name on receipt (*if different from above*): _____

Personal information is collected to process donations, issue tax receipts and to send you updates. For these purposes, your information may be shared with trusted third parties. To view our privacy policy visit www.supportstvincents.com.au/privacy-policy/

Please tick this box if you do **not** wish to receive information from the St Vincent's Curran Foundation about upcoming events, latest news and research from St Vincent's.

Please tick this box for more information about leaving a gift to St Vincent's in your Will.

Please return this form to:

St Vincent's Curran Foundation, Level 3, de Lacy building, 390 Victoria Street, Darlinghurst NSW 2010
fundraising@stvincents.com.au

**St Vincent's Curran Foundation is the fundraising organisation for St Vincent's
Hospitals in New South Wales.**

1800 800 595

www.supportstvincents.com.au