



A gift to Cabrini Health

Yes, I would like to support Cabrini

(Please print)

Title: _____ First name: _____ Surname: _____
Company: _____ Position: _____
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Suburb: _____ State _____ Postcode _____
Tel (B) _____ (H) _____ (M) _____
Email: _____

I would like to make a tax deductible gift of: \$ _____

by Credit Card

- Visa Mastercard Amex Diners Club

Number on card: _____ / _____ / _____ Expiry date: _____ / _____

Name on card _____ Signature _____

by Cheque or Money Order - please make payable to **Cabrini Health**

Please direct my donation to:

- Cabrini Hospital
 Cabrini Institute - Education and Research
 Foundation 49 – Men's Health Promotion
 Let's Beat Bowel Cancer
 An In Memoriam Donation in the memory of: _____
 A Gift in Lieu of a Present for: _____
Other (Specify) _____

I would be happy to receive further information from Cabrini Health including

- Cabrini Connections newsletters
 Information on making regular, automatic donations from my credit card
 Leaving a Bequest or Gift in my Will or I have already provided for Cabrini in my Will

Send to:

FAX to : (03) 9508 1071

MAIL: Cabrini Foundation 183 Wattletree Road MALVERN 3144

PHONE: (03) 9508 1382

Email: foundation@cabrini.com.au

Web: www.cabrini.com.au

Gifts to Cabrini Health are tax deductible to the extent allowed by the ATO . **ABN 33 370 684 005**

Thank you sincerely for supporting Cabrini. A tax deductible receipt will be mailed to you shortly.