



ST JOHN OF GOD
Foundation

Support Us

Please print this form and post to:

St John of God Foundation
PO Box 5753, St Georges Terrace
Perth WA 6831

Name: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Email: _____ Mobile: _____

Please accept my **one-off** gift of: \$40 \$70 \$100 **OR my choice:** \$ _____

OR Please debit \$ _____ **each month** from my credit card until I advise otherwise.

My cheque/money order is enclosed (made payable to St John of God Foundation)

OR Please debit the amount above to my credit card: **MasterCard** **VISA**

Card number:

Card Holder's Name: _____

Expiry Date: _____ Date of Birth: _____ Signature: _____

My donation is for:

Leading health and medical research Area of greatest need Gifts of Hope for cancer patients

Precision Health (innovative technology & equipment) Other; please specify: _____

A specific St John of God Hospital: _____

OR in memory of: _____

Contact preference:

I would like to receive updates from the Foundation on the impact of my support and future fundraising projects.

Thank you for your generosity. All donations \$2.00 and over are tax deductible. Please be assured that 100% of your donation to the St John of God Foundation will be used as you request.