

Your Details

Mr
 Mrs
 Ms
 Dr
 Other _____

First Name _____ Last Name _____

Company _____

Postal Address _____

State _____ Postcode _____

Telephone _____ Email _____

Stay in touch with I Am Living Campaign

Email
 Mail
 I do not wish to receive updates

Your Donation

Please accept my donation of

\$25
 \$50
 \$100
 \$200
 Other _____

One time only
 Monthly
 Annually

If you have selected monthly or annual donations, your donation will be deducted from the credit card nominated below on a monthly or annual basis as specified. You may provide notice to us in writing at any time to cancel this authority.

Reason of my donation

In memory of _____

Other _____

Please direct my donation to I Am Living Campaign

Palliative Care
 General Hospital

Payment Details

I am paying by

Visa
 Mastercard
 Cheque*
 Money Order*

** Please make Cheques or Money order payable to I Am Living Campaign*

Card number:

Expiry date: /

Cardholder's name _____ Cardholder's signature _____

Please send completed form to

Public Relations
I Am Living Campaign
PO Box 261
Kogarah NSW 1485

Enquiries
Public Relations
02 9553 3082

OFFICE USE ONLY
Account and Cost Centre

Thank you! Donations of over \$2 are tax deductible and your receipt will be mailed to you.