

Printable Online Donation Form

Thank you for choosing to donate to the Rural Health Education Foundation.

Please select the amount you would like to give.

- \$25 \$50 \$100 \$200 \$500
 other amount _____

Please accept my

- Check Money Order Credit Card

I would like my donation to go to:

- Developing projects to close the health gap between Indigenous and non-Indigenous Australians
 Projects addressing special rural and remote concerns
 Area of most need

- Visa Mastercard

Card No: _____/_____/_____/_____

Expiry Date: ____/____

Cardholder's name: _____

Signature: _____

Title **First Name** **Last Name**

Postal Address

Town/ Suburb **State** **Postcode**

This is a: **Personal Address** **Work Address**

Email

Contact Phone Number **Date**

- Please notify me of upcoming events and programs available from the Foundation.**
(we respect your privacy and will not provide your information to any other party except where required by law.)
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Donate by mail

To donate by mail, please mail this form with your cheque or money order made out to "The Rural Health Education Foundation Gift Fund" and send it to:

The Rural Health Education Foundation, PO Box 324, Curtin ACT 2605

Donate by fax

To donate by fax, please fax this form to (02) 6232 5484.

RURAL HEALTH
EDUCATION FOUNDATION

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