

**Donation Form**

We gratefully accept donations of any amount. Your donation will go to support medical research directed to benefit the health and wellbeing of the community. Donations of $2 and over are tax deductible.

Title: Given Name:

Surname:

Company:

Address:

Suburb:

State: Postcode:

**Contact Number:**

**$**

Amount: Cheque Make **cheque** payable to

**Hollywood Private Hospital Research Foundation**

Credit **For donations by credit card please complete the following:**

Card Type: MasterCard Expiry:

Visa

Card Number:

Cardholder’s name: Signature:

**Single Donation**

**Monthly Donation** *(fill in details below)*

I wish to make a monthly donation – please charge the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the above credit card starting

(enter day, month & year ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of every Month until (enter expiry date)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Signature**

**Annual Donation** *(fill in details below)*

I wish to make and annual donation – please charge the amount of **$** to the above credit card

starting (enter day, month & year) of every year until (enter expiry year)

**Signature:**



***Note - Annual donations – as a courtesy each year you will receive a phone call from the Secretary of the Research Foundation prior to the amount being processed to ensure all details are still current.***

**\* *Monthly or annual periodic payments can be cancelled any time by contacting the Secretary.***

(optional) Please direct my donation to my

preferred area of research - see below:

(optional) This donation is in memory of:

**Specific Areas of Research**

You may make an unspecified donation, where the foundation will allocate the funds to medical research in any area that shows the greatest merit. Alternatively you may choose to donate to a specific area of research (such as heart disease, prostate disease, etc), by indicating in the box above. We only fund research that shows scientific and ethical integrity and is consistent with the Foundation’s aims.

**Friends of the Foundation**

As a donor, you are eligible to be recognised as a Friend of the Foundation. You will be placed on our mailing list and will receive news and updates of our activities and achievements. Please indicate below if you wish to become a Friend of the Foundation which is free of charge.

Yes, I wish to be recognised as a Friend of the Foundation:

My preferred method of contact is by : post email

Email address

**Privacy**

The Foundation will maintain the confidentiality of your personal details. It will use your details only to contact you on Foundation related matters. Your details will not be revealed to other parties without your consent.

You may have your details removed from our records at any time by contacting the Secretary, Hollywood Private Hospital Research Foundation.

Thank you for your generous donation. Please return this form by mail to:

The Secretary

Hollywood Private Hospital Research Foundation

Locked Bag 2002

NEDLANDS WA 6009

Or email to: [research.hph@ramsayhealth.com.au](mailto:research.hph@ramsayhealth.com.au)

For any further information telephone: (**08) 9346 6571**

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