



Yes, I want to make a donation to the KDHS CARING FOR YOU Appeal.

Please accept my gift of:

\$100
 \$500
 \$1,000

My choice of \$ _____

I would like my gift put towards the purchase of (please nominate)

Please find enclosed: Cheque (made out to KDHS CARING FOR YOU Appeal)

OR

Please debit this card: Mastercard Visa

Card number:

Name on Card: Expiry Date: /

Signature:

Please ensure the details we have for you below are correct to help us process your gift efficiently. Thank you.

Your name _____

Your address _____

Preferred Daytime Phone No:

Email:

Here's how you can make your gift:
Complete and return this form to:
KDHS 2016 Appeal, PO Box 564, Kyabram Vic 3619

Call: (03) 5857 0250
Email: info@kyhealth.org.au

Thank you.