



PO BOX 283,
WESTMEAD HOSPITAL, NSW, 2145

Donation Form

To enable us to continue our work of supporting vital Medical Research and passing on important information to people with Connective Tissue Disorders their families and other interested people, we need your support.

TITLE	FIRST NAME	SURNAME	
ADDRESS			
SUBURB / TOWN		STATE	POSTCODE
TELEPHONE/CONTACT			
EMAIL		Would you prefer to be contacted by email: Yes/No	
Donation (Tax Deductible over \$2)		\$	
TOTAL		\$	

I would like to make my donation by:

- Money Order Cheque (payable to "ConnecteD For Kids")

Or please debit my

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa		
Cardholder Name _____			
Card Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date		CCV	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Cardholder Signature _____			

Donations can be made by Cheque, Money Order, Mastercard or Visa.
 Donations over \$2.00 are tax deductible. \$10 minimum Credit Card payment.
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