



SYDNEY ADVENTIST HOSPITAL  
**FOUNDATION**

**FAX TO 02 9487 9280**

**Your Donation to Sydney Adventist Hospital Foundation**

**I would like to make a donation of**

\$500    \$250    \$100    \$50   Other \_\_\_\_\_

Dr/Mr/Mrs/Ms/Miss/Other \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Method of payment**

Cheque or Money Order (Payable to Sydney Adventist Hospital Foundation)

We accept    Visa / Mastercard /Amex /Diners *(please circle)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_                      Exp Date \_\_/ \_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Please indicate where you would like your donation used -

- Cardiac
- EMU
- Cancer Support
- Heart Care
- Cancer Ward
- Other \_\_\_\_\_

**Help us to help others - Thank you for your donation**

Return address:

SAH Foundation - 185 Fox Valley Road Wahroonga NSW 2076

**To donate by phone 02 9487 9405 with your credit card details**

**All donations are fully tax deductible**

ABN: 73 479 353 649