



HEALTHCARE OUTREACH **DONATE**

I WOULD LIKE TO MAKE A DONATION OF:

- \$500
 \$250
 \$100
 \$50
 OTHER _____

I WOULD LIKE MY DONATION TO BE APPLIED TO THE FOLLOWING PROJECT:

- | | |
|--|---|
| <input type="checkbox"/> WHERE IT'S NEEDED MOST | <input type="checkbox"/> VIETNAM OPERATION OPEN HEART |
| <input type="checkbox"/> NEPAL RECONSTRUCTIVE PROGRAM | <input type="checkbox"/> MYANMAR OPERATION OPEN HEART |
| <input type="checkbox"/> NEPAL WOMEN'S HEALTH | <input type="checkbox"/> FIJI OPERATION OPEN HEART |
| <input type="checkbox"/> PNG OPERATION OPEN HEART | <input type="checkbox"/> CAMBODIA RECONSTRUCTIVE PROGRAM |
| <input type="checkbox"/> CAMBODIA OPERATION OPEN HEART | <input type="checkbox"/> PHILIPPINES |
| <input type="checkbox"/> RWANDA OPERATION OPEN HEART | <input type="checkbox"/> SOLOMON ISLANDS OPERATION OPEN HEART |
| <input type="checkbox"/> TONGA OPERATION OPEN HEART | |

MY DETAILS:

DR / MR / MRS / OTHER _____

SURNAME _____ FIRST NAME _____

ADDRESS _____

SUBURB _____ STATE _____ POSTCODE _____

TELEPHONE _____ EMAIL _____

YES, PLEASE ADD MY EMAIL ADDRESS SO I CAN RECEIVE UPDATES ON HEALTHCARE OUTREACH PROJECTS

MY PAYMENT DETAILS:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> VISA | <input type="checkbox"/> CHEQUE (PAYABLE TO SYDNEY ADVENTIST HOSPITAL FOUNDATION) |
| <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> MONEY ORDER (PAYABLE TO SYDNEY ADVENTIST HOSPITAL FOUNDATION) |
| <input type="checkbox"/> AMEX | |
| <input type="checkbox"/> DINERS | |

CREDIT CARD DETAILS:

/ / /

CREDIT CARD NUMBER

/

EXPIRY DATE

CARDHOLDERS NAME _____ CARDHOLDERS SIGNATURE _____

RETURN ADDRESS:

HEALTHCARE OUTREACH MANAGER, SYDNEY ADVENTIST HOSPITAL – 185 FOX VALLEY RD WAHROONGA NSW 2076

OR FAX TO: 02 9473 8424

TO DONATE BY PHONE CALL 02 9487 9405 WITH YOUR CREDIT CARD DETAILS
TO DONATE ONLINE GO TO WWW.SAH.ORG.AU AND CLICK ON DONATIONS.