



PRINCESS MARGARET HOSPITAL
FOUNDATION

Authority for Automatic Deduction from Credit Card

I _____
(Cardholder's name)

authorise **PMH Foundation** to debit \$ _____

from my _____ (type) credit card

every _____ month(s), beginning on the _____ of _____
(Date) (Month & Year)

Card No. _____ Expiry ____ / ____

Signature _____ Date _____

Receipt Details

(Title) (First name) (Surname)

Address _____

(Suburb) (State) (Postcode)

Daytime Phone Number _____

Please send my tax receipt: After each donation / At the end of the financial year

I would like to receive mail from the Foundation. Yes / No

If you would have circled yes to the above question please indicate your choice below

Please send me the Bear Facts Newsletter in Mar / Jun / Sep / Dec

Please send me the Tax letter in June Yes / No

Please send me PMH event updates by email: _____
(E-mail address)

Please forward the completed form to Ian de Nazareth.

You may post it to PMH Foundation, 254 Railway Pde, WEST LEEDERVILLE WA 6007 or fax it to
(08) 94891199. You can scan & email the completed form to ian.denazareth@pmhfoundation.com