



DONATIONS

Name: _____

Address: _____

_____ Post Code: _____

Phone: _____

Please find enclosed my gift for \$ _____

Cheque/money order
(Payable to Haemophilia Foundation Victoria)

Please debit my:
MasterCard Visa

Card No:

Expiry Date: ___ / ___

Name on Card: _____

Signature: _____

*I would like information on becoming a member of
Haemophilia Foundation Victoria* Yes No

Please send to:

**Haemophilia Foundation Victoria
13 Keith Street
Hampton East Victoria 3188**

Remember to include your full postal address so a receipt can be forwarded to you.

Gifts over \$2 are tax deductible.

THANK YOU