

Information about you:

Full Name:

.....

Organisation Name & Position:
(if donation is on behalf of a business)

.....

Address:

.....

.....

.....

Phone:

(Fixed)..... (Mobile).....

Email:

.....

Date of Birth:

__ / __ / ____

Yes!

I would like to make a donation. I am proud to help CareFlight continue to perform their life-saving work.

Please accept my donation of:

\$ _____

Payment Details (please tick your payment method)

OPTION 1: CREDIT CARD

VISA MasterCard AMEX

Card Expiry: __ / __

Name:
(as it appears on the Card)

Cardholder Signature:

OR OPTION 2: PERSONAL CHEQUE

OR OPTION 3: MONEY ORDER

OR OPTION 4: CASH

Please return your completed form to:

CareFlight
Locked Bag 2002
WENTWORTHVILLE NSW 2145

Fax 02 9843 5157

CareFlight is a not for profit medical organisation. Our mission is to save lives, speed recovery and serve the community by providing the highest standard of rapid response critical care.

CareFlight (NSW) Ltd. ABN 18 210 132 023

Authority to Fundraise:

CFN 11649 (NSW)
10552 (VIC)
190000230 (ACT)

www.careflight.org

I would like more information on making regular donations to CareFlight.

I would like more information on how I can include CareFlight in my Will.

I would like to be kept informed of how my contribution is helping save lives.