

DONATION FORM

Mail/Fax to

EPC, PO BOX 2110, Rangeview VIC 3132

Phone: 1300 130 813

Fax: (03) 9873 0919

SMS a photo to

0404 912 875 or epccip@epc.asn.au

I would like to make a tax-deductible donation of

\$ _____ (please nominate)

Please make my gift:

One-time Weekly Fortnightly Monthly Quarterly Annually

My donation is in honour of _____

Name _____

Address _____

Suburb _____ State _____ Postcode _____

Phone _____

Email _____

Method of payment

Visa Mastercard Amex
 Cheque or Money Order payable to Eastern Palliative Care Association Inc.

Card Number

Expiry date

/

Cardholders name _____

Signature _____

Please e-mail me your quarterly newsletter, event invitations and updates.²

Please e-mail me information about including EPC in my Will.

² All information is collected in accordance with **EPC's Privacy Policy** (no spam). If you would like **further information** about EPC fundraising activities or to read our **Privacy Policy**, please visit our website (www.epc.asn.au).

Thank you