



Friends of HEAL Foundation  
Limited  
C/O Orontes Road  
Yeronga 4014  
ABN: 39 161 310 550

Yes, I would like to support FHEAL:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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### Option 1 – cheque

Please find enclosed my cheque for \$ \_\_\_\_\_ made out to Friends of HEAL Foundation Limited

### Option 2 – credit card

I authorise a single deduction from my credit card of \$ \_\_\_\_\_

Mastercard

Visa

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Card verification number (CVN): \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Yes, I would like to be emailed FHEAL's newsletter

**Thank you for your donation. Donations of \$2 and over are tax deductible**