



## YES, I want to help families like Alanna's by becoming a Heart Champion today

### **To signup by POST**

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Please complete the following details and promptly send this form to:

*Fundraising Officer  
P.O. Box 170  
Westmead Hospital  
Westmead NSW 2145*

#### **My Personal Details**

Salutation: Mrs / Ms / Miss / Mr / Dr

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email: \_\_\_\_\_

#### **Credit Card Deduction Authority**

I authorise HeartKids NSW to deduct \$ \_\_\_\_\_ a month from my credit card.

I would like the first donation to occur on \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yy).

I understand that I can cancel, suspend, downgrade or upgrade my monthly donation at any time simply by contacting HeartKids NSW.

Type of Credit Card (please circle) VISA Mastercard Amex

Credit Card No \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry date \_\_\_ / \_\_\_

CVC (3 digit no. back of card for VISA and Mastercard, 4 digits for Amex) \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

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

### **To signup ONLINE**

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Please logon to: <http://nswheartskidsdonationgateway.gofundraise.com.au>

### **To signup via PHONE**

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Please call **0406 043 357** during business hours.

Thank you.

Your support will go a long way in our quest for  
life unaffected by Childhood Heart Disease.