



Please print donation form and fax or post to:

Sleep Health Foundation ABN 91 138 737 854  
114/30 Campbell Street, Blacktown NSW 2148  
T: +61 (0) 2 8814 8655 F: +61 (0) 2 9672 3884

## Yes, I would like to make a donation to the Sleep Health Foundation.

Please accept my gift of (circle or provide amount): \$25 \$50 \$100 Other: \$ \_\_\_\_\_

My donation is:  In memory of \_\_\_\_\_  
 In support of \_\_\_\_\_  
 In celebration of \_\_\_\_\_  
 A general donation

Please send an acknowledgement of my donation to:

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

By mail at: Address: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Thank you for supporting Sleep Health Foundation, your donation is tax-deductible.**

### Donation information:

Attached is my cheque/ money order (made payable to Sleep Health Foundation)

Or/ debit my credit card:  MasterCard  Visa

Card Number              Expiry date   /

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

Cardholder's signature: \_\_\_\_\_

### Please send my donation tax receipt to:

Your surname (Mr/Ms/Miss/Mrs/Dr): \_\_\_\_\_

Your given names: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

I do not want to receive any information from Sleep Health Foundation and its members other than information regarding my donation.

\*Donations of \$2 and over are tax deductible. A donation receipt will be issued for all donations. Amounts below this are only receipted on request. Whilst the administration of donations is handled by the Sleep Health Foundation, all donations are redistributed to your state/ territory member.