

Royal Queensland Bush Children's Health Scheme

bushkids.org.au

YES, I would like to make a donation to support BUSHkids

Please return this completed form only if you are choosing option 2 or option 3 below:

nme:			
reet: burb:		State:	Postcode:
	· ·		g to your choice – all donations of \$2 or more on, you will receive a receipt with our thanks.
	1 I will make a	I will make an EFT* (Electronic Funds Transfer) payment to BUSHkids on-line via the internet or at my local bank branch	
	*If you choose this option, you do not need to return this form!		
	BANK BSB ACCT No,	CBA 064-003 00090919	
	ACCT NAME REF	•	Bush Children's Health Scheme r Donor Number as the reference
₹		CHEQUE for the sum only one constant of the co	f \$ nd Bush Children's Health Scheme
OR .	3 Please charg	ge my CREDIT CARD:	
	Visa	Maste	erCard American Express
	for a gift of \$500	\$ 250 \$ 100	\$ 50 \$ 50 \$ Other
	CARD No		
	CSV		
	NAME ON THE CARD		EXPIRY DATE /
	SIGNATURE		
	If selecting option 3, cre amount from your selecte		signature authorises us to deduct your nominated
_	-		ails will enable us to process your gift and send ISHkids for your consideration.
¬ Please tick the	box if you do <u>not</u> wish to receive	e a receipt, thank you	