

# Donation Form Version Feb 2026



**Name:** .....

**Address:** .....

**Phone:** .....

**Email:** .....

**I would like to donate \$**..... **to:**

CDH to assist with the purchase of new medical equipment

I will set up a recurring donation of \$2 every fortnight

**This donation is in memory of (if applicable):** .....

Payment: Thank you for your support. Donations over \$2.00 are tax deductible.

**Cash**

**Credit Card**

**EFT**

Please charge my:  Mastercard  Visa

Amount: \$.....

Card Number:

Expiry Date: ...../.....

CCV: .....

Signed: .....

Date: ...../...../.....

**CDH Operating**

**BSB: 083-001**

**Account: 74-905-0341**

Office Use Only:

Processed: .....

Receipt Number: .....

Notes: .....

.....

