

Support us



ST JOHN OF GOD
Foundation

Please print this form and post to:

St John of God Foundation at PO Box 508, West Perth WA 6872

OR Scan and email to Info.Foundation@sjog.org.au

Name _____

Address _____

Suburb _____

State _____

Post Code _____

Email _____

Mobile _____

Please accept my **one-off** gift of: \$40 \$70 \$100 OR my choice: \$ _____

OR Please debit \$ _____ **each month** from my credit card until I advise otherwise.

My cheque/money order is enclosed (made payable to St John of God Foundation)

OR Please debit the amount above to my credit card: MasterCard VISA

Card Number:

Card Holder's Name: _____ Expiry Date: _____

Signature: _____ Date of Birth: _____

My donation is for:

Leading health and medical research

State-of-the-art facilities, equipment, and services

Area of greatest need

Other; please specify: _____

Hospital, Location (optional): _____

OR In memory of:

Thank you for your generosity. All donations \$2.00 and over are tax deductible.
Please be assured that 100% of your donation to the St John of God Foundation
will be used as you request.

St John of God Foundation Inc. ABN 53 066 805 132
as Trustee for the St John of God Foundation Trust ABN 64 715 901 441