

## **DONATION FORM**

Mail: EPC, PO BOX 2110, Rangeview VIC 3132 SMS a photo: 0404 912 875 or epccip@epc.asn.au

Phone: 1300 130 813 Fax: (03) 9873 0919

| I would like to make a tax-deductible donation of  |   |
|--|---|
| \$(please nominate)  |   |
| Please make my gift:  One-time Weekly Fortnightly Monthly                                      | Quarterly Annually                              |
| My donation is in honour of  |   |
| Name   |   |
| Phone Email  |   |
| Method of payment  |   |
| Visa MasterCard Amex Cheque or Money Order payable to Eastern Palliative Care Association Inc. |   |
| Card Number  | Expiry date                                     |
|  |   |
| Cardholder's name  | Signature                                       |
| OR pay directly into EPC's Bank Account (noting it is a donat                                  | ion to EPC and adding your name as a reference) |

BSB: 013 223

Account Number: 351843114

Account Name: Eastern Palliative Care Association Incorporated

\*Your email address will be used to send quarterly newsletters, event information at updates. All information is collected in accordance with EPC's Privacy Policy (no spam) which can be found on our website (www.epc.asn.au).

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