

# DONATION FORM

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

My donation is in honour of \_\_\_\_\_

## Method of payment

Visa    MasterCard    Amex  
 Cheque or Money Order payable to Eastern Palliative Care Association Inc.

Card Number

             

Expiry date

/

Cardholders name \_\_\_\_\_

Signature \_\_\_\_\_

Please e-mail me your quarterly newsletter, event invitations and updates.<sup>2</sup>

Please e-mail me information about including EPC in my Will.

<sup>2</sup> All information is collected in accordance with **EPC's Privacy Policy** (no spam). If you would like **further information** about EPC fundraising activities or to read our **Privacy Policy**, please visit our website ([www.epc.asn.au](http://www.epc.asn.au)).

*Thank you for your donation.*