



EPWORTH MEDICAL FOUNDATION REGULAR GIVING FORM

You can help by making a regular pledge to Epworth Medical Foundation.

By supporting our work regularly you are helping to maintain our excellence in world-class healthcare.

DONOR NO (Office Use):

NAME:

ADDRESS:

I would like to make a regular pledge to Epworth Medical Foundation

Directed to the following Epworth Division:

Richmond Eastern Freemasons Rehabilitation

Please deduct \$_____ Fortnightly Monthly Quarterly Biannually

From my credit card MasterCard Visa Amex Diners

Cardholder: _____

Card No:

Expiry: / Signature: _____

Pledges will be deducted on or near the 30th of the month and a receipt issued by mail. Donations over \$2 are tax deductible.

Please return to:

**Epworth Medical Foundation
89 Bridge Road, Richmond VIC 3121**

Thank you for your ongoing support