**1. Donation details**

Amount: $

*(donations to the VSHCF are tax deductible)*

Direct deposit (preferred):

BSB: 083-004   
Account number: 124 357 204  
Reference/description: (your name)

OR, Credit card:

Card type: Visa / Mastercard

Card number:

Expiry date: / 20

CVV number:   
 (three-digit number on the back of the card)

Signature:

**2. Donor details**

Donor name:

Details required on tax receipt:   
 (if different from donor name)

Email address:

Postal Address:

Contact phone number:

**3. Preferences** (please delete one)

Yes / No I would like my donation to be anonymous

Yes / No I would like to receive occasional communications from VSHCF

*Please email your completed form to* [*info@vshcf.com.au*](mailto:info@vshcf.com.au) *(preferably).*

*Or, post it to VSHCF c/o OSCA, 1 Morrison, St Hawthorn, Vic. 3146 Australia.*