



Reg. No. A62183 ABN 84 238 300 000  
 www.awhn.org.au  
 P.O. Box 188,  
 Drysdale, Vic 3222

## Donation Form

Thank you for your support.  
 Your donation will assist us in our work to advance women’s health and wellbeing in Australia.

Tax-deductible receipts will be issued for donations of \$2 or more.

I would like to donate to the Australian Women’s Health Network as follows:

- |   |  |
|---|--|
| <input type="checkbox"/> One-off Donation                       | <input type="checkbox"/> Monthly       |
| <input type="checkbox"/> \$20 <input type="checkbox"/> \$50     | <input type="checkbox"/> \$100         |
| <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 | <input type="checkbox"/> Other \$..... |

Donor Name:	
Organisation: (if applicable)	
Member Number: (if known)	
Address:	
Email:	
Telephone:	

**PAYMENT OPTIONS** - Please send your completed form to: [info@awhn.org.au](mailto:info@awhn.org.au) or P.O. Box 188, Drysdale Vic. 3222

- Cheque / Money Order:** please make payable to Australian Women’s Health Network.
- Internet Bank Transfer:** please use your **Membership Number and/or Full Name / Organisation Name as payment reference.**  
**Westpac Account Name:** Australian Women’s Health Network **BSB:** 032-727 **Account Number:** 112835

I wish to have my/our gift remain anonymous.

The information you provide us will only be used for AWHN business purposes.  
 Your contact details will not be sold or distributed to other organisations.