



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"/> \$500 | <input type="checkbox"/> \$100 |
| <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 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.