

## Donor Details

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## I would like to donate to (Select one)

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Name:  Donation amount: \$

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**Cheque payable to 'The Hospital Research Foundation'**  
 If you would like to pay by cheque please print this form & mail to 60 Woodville Road, Woodville SA

**I require an invoice**  
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 Company Address (if different from above)

**Please debit my credit card:**    Visa    Mastercard    Amex

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Please complete the Donation Form and return it to **reception@hospitalresearch.com.au**  
 Please note all donations will be processed by The Hospital Research Foundation.