



**Sydney eye**  
HOSPITAL FOUNDATION

**CAN YOU  
SEE YOUR  
WAY TO HELP?**

## REGULAR GIVING

I would like to make a **monthly** tax-deductible donation of:

\$5     
  \$10     
  \$20     
  \$50     
 Other \$

*Regular Giving Donations are managed by credit card only, with debit made on the 5th of each month. You will receive a tax receipt at the end of each financial year.*

## ONE OFF DONATION

Please accept my tax-deductible donation of:

\$30     
  \$75     
  \$50     
  \$500  
 \$150     
  \$100     
  \$250     
 Other \$

## PAYMENT METHOD

**Cheque or money order** enclosed made payable to  
The Sydney Eye Hospital Foundation

**Credit Card**     
 Visa     
 Master Card

Card No: \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_

Card Name \_\_\_\_\_ Signature \_\_\_\_\_

Donate by phone: **Call** our Appeal Hotline on (02) 9382 7408 or **Fax** this completed form to (02) 9382 7415  
or **Mail** to: GPO Box 1614 Sydney 2001 or **Email** details to: [Kevin.Gardner@sesiahs.health.nsw.gov.au](mailto:Kevin.Gardner@sesiahs.health.nsw.gov.au)