Donation Form

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| --- | --- |
|  |  |

### Donor Information (please print or type)

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City, Postcode |  |
| Phone 1 |  |
| Email |  |

### Pledge Information

I (we) pledge a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash cheque credit card other.

|  |  |
| --- | --- |
| Credit card type | Exp. date |  |
| Credit card number |  |
| Authorized signature |  |

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature(s) |  | Date |
|  |  |  |
| Please make cheques,  or other gifts payable to: |  | Centre of Perinatal Excellence – DonationsBSB: 06 3138 Account: 10748085 PO Box 122Flemington, 3031 |

**Thank you very much for your generous support of the work of COPE.**