



the *featherweight* club
Your donation form

I/we would be proud to make a donation to The *Featherweight* Club

Title Mr Mrs Dr Miss Ms

Name/s

Address

Suburb State Postcode

Contact phone

Email

I/we agree to make a gift of \$

Cheque/money order

Please make payable to **Mercy Health Foundation (FWC A/c)**

Credit Card

Visa MasterCard Amex

Card number / /

Expiry date /

Name on card

Signature

I would like acknowledgement in the name of

Please add my baby's details to **The *Featherweight* Club Birthday List**

Baby's Full Name

Baby's Date of Birth

Baby's Gestation (when born) weeks

Thank you. Your gift will provide special care for families with special babies.

Please return this form to:

The *Featherweight* Club

C/- Mercy Hospital for Women 163 Studley Road Heidelberg VIC 3084 A.B.N. 74 762 230 429

Ph: 1300 0 MERCY or (03) 8416 7815 Fax: (03) 8416 7822 Email: foundation@mercy.com.au

featherweightclub.com.au