

Please print this form, fill out and mail to:

Bush Children's Appeal  
PO Box 1017  
MILTON QLD 4064

OR

FAX: 07 3870 7723



ABN: 43 824 927 762

## My Gift to Bush Children's



Name: \_\_\_\_\_

**DONATIONS ARE TAX DEDUCTIBLE**

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Please find enclosed my gift of:  \$250  \$100  \$50  Other \$.....

Cheque made payable to: Royal Queensland Bush Children's Health Scheme

MasterCard  Visa  Amex

CARD NO:

Please return this coupon to

Bush Children's Appeal  
PO Box 1017  
MILTON QLD 4064  
Fax: 07 3870 7723  
Email: [kaylene@bushkids.org.au](mailto:kaylene@bushkids.org.au)  
Phone: 07 3870 7288

CARDHOLDERS

EXPIRY DATE:

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_