



*I'd like to help fulfil someone's wish
to remain at home in the last few
months of their life.*

MY GIFT OF \$ _____ IS ENCLOSED

Please tick preferred payment option

- Cheque payable to **Cittamani Hospice Service**
- Charge my credit card for the amount above, or
- Deduct the regular amount of \$ _____ per month
from my credit card

*Cittamani Hospice Service Ltd is a registered charity.
All donations over \$2 are tax deductible.*

NAME _____

ADDRESS _____

POST CODE _____ PHONE _____

Visa Mastercard

Card No. _____

Expiry Date _____ CCV _____

Signature _____

**You can also donate online at Cittamani's secure
website: www.cittamanihospice.com.au
ABN 67 110 865 560**