



By giving, we transform lives!

Donation Details

(Donations over \$2 are tax deductible)

- ☐ \$30 per month ☐ \$360 per annum (billed annually) ☐ A single gift of: \$ _____
- ☐ \$_____ per month ☐ \$_____ per annum

Sponsor Details

TITLE		FIRST NAME		SURNAME	
COMPANY / PRACTICE			POSITION		
ADDRESS			STATE	POSTCODE	
TEL (HOME)		WORK	MOBILE		
EMAIL					

Payment Details

☐ **Credit Card**

☐ Visa

☐ Mastercard

CARDHOLDER'S NAME			
CARD NUMBER			
EXPIRY DATE /	CVC	AMOUNT	
SIGNATURE			

☐ **Cheque / Money Order** Made payable to: Australian Health Humanitarian Aid Inc.

Please send the completed form to:



Australian Health Humanitarian Aid
PO Box 313, Cabramatta NSW 2166



Ph: +61 2 9724 1164
Fax: +61 2 9755 7342



contact@ahha.org.au

Thank you for your generosity.
Your precious gift allows AHHA to continue carrying out humanitarian services and transform lives!