Perth Children's Hospital **Foundation**

Please complete your supporter's details in the table below. After your fundraising event please return this sheet to Sarah McNamara, Community Fundraising Manager via **sarah.mcnamara@pchf.org.au**. Receipts will be sent to your supporters once this form has been returned and funds raised from your event have been transferred to the Perth Children's Hospital Foundation bank account.
Donations of $2 or more are tax deductible. Perth Children's Hospital Foundation Charitable Collections License: **#CC22066**

Community Fundraising

Cash Donation Receipt Form

Authorised Fundraiser Details

Date _____

First Name _____ Surname _____ Tel/Mob _____

Street Address _____ Suburb _____ State _____ Postcode _____

FULL NAME	ADDRESS	EMAIL	DONATION $