



SUPPORT WOMEN'S HEALTH

Women's Health Victoria's Deductible Gift status enables us to receive **donations** for which donors are able to claim a tax deduction for gifts or donations to the value of \$2 or more.

Donations received for unspecified purposes go into the Women's Health Victoria Fund (a sub-fund of the Melbourne Community Foundation). Donations received for specified purposes which fit with Women's Health Victoria Statement of Purpose will be used for the specified purpose.

I would like to support Women's Health Victoria by making a donation of:

- Donation amount options: \$50, \$100, \$500, \$1,000, \$5,000, Other \$.....

Purpose: Unspecified or Specified for:.....

Name:
Address:
Postcode:
Telephone No:
Fax No:
Email:

PAYMENT METHOD

Enclosed herewith please find my cheque/money order
Please make cheque payable to Women's Health Victoria Inc.

OR

Please debit my credit Card
Bank Card, MasterCard, Visa
[Card details boxes]

CARDHOLDER'S NAME: EXPIRY DATE:

SIGNATURE:

PRIVACY: Please read our privacy statement over the page

Please return to:
WOMEN'S HEALTH VICTORIA
(ABN 33 365 284 944)
GPO Box 1160, Melbourne, Victoria, 3001 OR Fax to 03 9663 7955;
Telephone: (03) 9662 3755 Email: whv@whv.org.au www.whv.org.au



SUPPORT WOMEN'S HEALTH

Have you considered making a bequest to Women's Health Victoria in your will?

If you are not in a position to help now but are committed to making a healthy difference to future generations of women, making a bequest to Women's Health Victoria will ensure that priority issues in women's health continue to be pursued.

The Women's Health Victoria Fund is a sub-fund of the Melbourne Community Foundation. This Fund enables donations and bequests received by us to be managed effectively and in perpetuity to benefit women's health in Victoria.

The following suggested wording will assist you to make provision for Women's Health Victoria in your will.

OPTION ONE

General Purpose wording: "I give and bequeath the sum ofDollars (\$), or% of my estate, to the Women's Health Victoria Fund of the Community Foundation Network Ltd., Extension Fund (ABN 57 485 460 977) and request, without obligation, the trustee of the Fund to acknowledge grants from my bequest, where ever practical in the trustee's discretion in its capacity as trustee of the Melbourne Community Foundation Extension Fund. Without intending to impose on Community Foundation Network Limited any legal obligation to do so, I request that it apply the gift in such manner it considers to be most in accordance with my wishes."

OPTION TWO

Specific Purpose* wording: "I give and bequeath the sum of Dollars (\$), or% of my estate, to the Women's Health Victoria Fund of the Community Foundation Network Ltd., Extension Fund (ABN 57 485 460 977) and request, without obligation, the trustee of the Fund to acknowledge grants from my bequest, where ever practical in the trustee's discretion in its capacity as trustee of the Melbourne Community Foundation Extension Fund for the request of the purpose of:'

.....

*** Specific Purpose Bequests may be nominated from, but are not limited to:**

- Capital acquisitions, e.g. business premises, technological innovations
- WHV's Clearinghouse of women's health information
- Research of women's health issues

Privacy Statement: Women's Health is committed to protecting the privacy and confidentiality and security of personal information provided by you to us. In terms of the relevant privacy legislation we ensure that your personal information will not be disclosed to others, except if required by law or other regulation.

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