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Western Private Hospital

Please print donation form and fax or post to:

Western Private Hospital
PO Box 4258
West Footscray VIC 3011
Fax: (03) 9318-3590
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Name _____

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Please accept my gift of: \$35 \$60 \$100 OR my choice:

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OR Please debit the above amount to my credit Card  

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My donation is for:

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In memory of: _____

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Western Private Hospital is sincerely grateful for your generous donation