



Please accept the attached donation to the work of the Addis Ababa Fistula Hospital through the

HAMLIN FISTULA[®] RELIEF AND AID FUND

PO Box 965, Wahroonga, NSW 2076

Donations of over \$2 are allowable Income Tax Deductions. DGR 900484487.

Initials: (Please circle) Mr Mrs Miss Ms Dr Rev

Name: _____

Surname: _____

Address: _____

_____ Post code: _____

Gift or Cheque Attached \$ _____

OR Please debit the sum of \$ _____ to my

Mastercard Visa

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

*CVC *Last three digits on signature panel

Signature: _____

Expiry Date: _____