

Receipt Request form

WOMEN'S
HEALTH WEEK
Let's talk.



Please complete your event details and provide copies of the template on page 2 at your event. Guests requesting a receipt from Jean Hailes must provide their details.

Note: Raffle tickets and events (where the donor receives some form of reward or there is an obligation for the payment of goods or services) are not tax deductible.

Event details

Event name:

Event date:

Organisation (if applicable):

Contact name: Contact phone:

Address: Post code:

Email:

Total amount donated \$

Return all completed forms to:
Jean Hailes for Women's Health, PO Box 33314, Domain LPO, Melbourne VIC 3004
or via email to whw@jeanhailes.org.au

Receipt Request form

Please provide your details to receive a receipt from Jean Hailes for your donation.

| Donor details | | | | Amount donated |
|---------------|-------------|-----------|--|----------------|
| Title: | First Name: | | | \$ |
| | Surname: | | | |
| Address: | | | | |
| Suburb: | State: | Postcode: | | |
| Phone: | | | | |
| Email: | | | | |
| Donor details | | | | Amount donated |
| Title: | First Name: | | | \$ |
| | Surname: | | | |
| Address: | | | | |
| Suburb: | State: | Postcode: | | |
| Phone: | | | | |
| Email: | | | | |
| Donor details | | | | Amount donated |
| Title: | First Name: | | | \$ |
| | Surname: | | | |
| Address: | | | | |
| Suburb: | State: | Postcode: | | |
| Phone: | | | | |
| Email: | | | | |
| Donor details | | | | Amount donated |
| Title: | First Name: | | | \$ |
| | Surname: | | | |
| Address: | | | | |
| Suburb: | State: | Postcode: | | |
| Phone: | | | | |
| Email: | | | | |
| Donor details | | | | Amount donated |
| Title: | First Name: | | | \$ |
| | Surname: | | | |
| Address: | | | | |
| Suburb: | State: | Postcode: | | |
| Phone: | | | | |
| Email: | | | | |