



*It is health that is real wealth
and not pieces of gold and silver*

Mahatma Gandhi

Friend of Equal Health Form

Providing life changing appointments

Equal Health changes the lives of some of the world's most vulnerable people by providing access to everyday health care that most Australians take for granted.

With their team of health professional volunteers they bring sight to the blind, relief from dental pain and improved health to those in need in developing countries.

Equal Health has provided thousands of life changing appointments over the past ten years in various developing countries such as India, East Timor, Indonesia, South Africa, Thailand and Zimbabwe.

This is made possible by the hundreds of Australian health professionals volunteers, who donate their time, skills and resources to participate in short-term international assignments.

However, with large crowds attending Equal Health's make shift clinics in remote villages, in community halls or even under the shade of a tree, many people are unable to be treated.

We need your help to do more.

Can you help by committing to a tax deductible monthly donation to continue Equal Health's valuable work?

Become a friend of Equal Health

By pledging a monthly investment, you will be providing integral support to further Equal Health's operations.

All donations to Equal Health are tax deductible.

Your monthly donation will be fully invested in Equal Health's ongoing operations, providing life changing appointments (for both health professional volunteers and patients).

For less than the price of a cup of coffee a day (\$50 month) you can invest in providing 1,200 health care appointments a year.

Please simply provide your details below and indicate the monthly investment amount of your choice and Equal Health will make the arrangements.

Payment details

Surname _____ Given Names _____

or Company name _____ ACN/ABN number _____

Street _____

Suburb _____ State _____ Postcode _____

Age 0 - 18 18 - 25 26 - 35 36 - 45 46 - 55 56 - 65 66 +

Occupation _____

Home phone (____) _____ Mobile _____

Email _____

How did you hear about Equal Health? _____



Please indicate your preferred method of payment:

Pay by Automatic Direct Debit

I authorise and request **Equal Health [User ID No 342088]**, until further notice in writing, to debit the account identified according to the instructions provided below.

Monthly amount \$ _____ to be deducted on the 10th of every month (or nearest following business day).

Bank account (non credit card)

Bank _____

Branch _____

Account name _____

B/S/B number _____ Account number _____

Credit card (Please indicate) Visa MasterCard

I authorise and request Equal Health, until further notice in writing, to debit the credit card account identified according to the instructions provided below.

Monthly amount \$ _____ to be deducted on the 10th of every month (or nearest following business day).

Card Number _____ CSV _____ Expiry date _____

Name on card _____

Monthly EFT transfer

Monthly amount: \$ _____ to be arranged by myself for the 10th of every month (or nearest following business day) to the Equal Health bank account:

Account Name: Equal Health BSB: 805022

Account Number: 01361047 Reference: Your full name

Cheque

Monthly amount: \$ _____ to be posted to the Equal Health office by myself on the 10th of every month (or nearest following business day).

By signing this Direct Debit Request you acknowledge that you have read and understood the terms and conditions governing the debit arrangements between you and Equal Health as set out in this Direct Debit Request.

Please ensure that all information you have provided is correct and that all account holders of the nominated account sign this Direct Debit Request. **Thank you**

Signature _____ Date _____

Signature _____ Date _____

Please return to:
PO Box 445 Karrinyup
Western Australia 6921
F: +61 8 9244 4436
info@equalhealth.org.au
www.equalhealth.org.au
ABN: 54 257 362 421

Charitable Collections Licence No. 20400