



Pledge Form

Providing life changing appointments

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

This is made possible by the hundreds of Australian health professional volunteers, who donate their time, skills and resources to participate in short-term international assignments in developing countries, together with generous contributions of donors from around the country.

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 with a tax deductible donation?

Make a pledge

All donations to Equal Health are tax deductible. Your contribution will be invested in essential medical equipment for our life changing appointments.

Please nominate your preference below or simply indicate the amount of your donation for Equal Health to attribute as required to priority areas.

I wish to make a once off donation:

Provide relief people in pain from toothaches ...

- \$3,000 Dental appointments (600 people)
- \$20,000 Portable dental unit

Help improve the general health of people ...

- \$1,000 Water purifying plant
- \$5,000 Medical equipment
- \$8,000 Health check-ups
- \$13,000 Diabetes education program

Help people without sight, see ...

- \$5,000 Cataract surgeries (100 people)
- \$10,000 Corrective lenses and spectacles (1660 people)
- \$14,000 Electronic auto refractor
- Other (please specify amount): _____

Help provide freedom of movement to people with disabilities ...

- \$4,000 Education training program for allied health workers

I wish to make a regular gift of \$ _____ each fortnight / month / quarter / half year / year

Total donation: \$ _____

equal  health
A life changing appointment



Yes, I would like to support Equal Health in providing life changing appointments.

Name: _____

Address: _____

_____ P/Code _____

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

Occupation: _____

Home phone (____) _____ Mobile : _____

Email: _____

Payment details

Total amount payable: _____

Please tick your method of payment:

Cheque. Made payable to: Equal Health

Direct Transfer to Equal Health Bank Account

BSB: 805 022 Account no. 01361047 - tax deductible donations

Account Name: Equal Health

Reference: YOUR FULL NAME

Credit Card (*Please indicate*)

Visa MasterCard Bankcard

Card Number: _____ CSV: _____ Expiry date: _____

Name on card: _____

Signature: _____ Date: _____

Please provide a receipt.

Please return to:

11 East Parade East Perth, Western Australia 6004

F: +61 8 9221 2444 info@equalhealth.org.au

Thank you