

# Celebrate the life of someone special



Please complete the form and return it to Catherine Hamlin Fistula Foundation,  
Reply Paid 89512, Pymont, NSW, 2009. Thank you.

My gift is in memory of: \_\_\_\_\_

Would you like us to advise the family or friends that you have contributed?  Yes  No

If yes, please provide details of the person to be advised:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Their relationship to the person whose life you are celebrating: \_\_\_\_\_

## Please accept my gift of

My choice of \$ \_\_\_\_\_  I would like to make this a monthly gift

## My payment

**Please find enclosed a:**  Cheque (single gifts only) to Catherine Hamlin Fistula Foundation

**Please debit this card:**  Visa  Mastercard  Amex

Card number:                      Expiry:   /

Name on card:

Signature/s:

## My details

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_



Please mail this form to Catherine Hamlin Fistula Foundation, Reply Paid 89512,  
Pymont, NSW, 2009 OR make a gift online at [hamlin.org.au/inmemory](http://hamlin.org.au/inmemory)



### Catherine Hamlin Fistula Foundation

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Your privacy is important to us. We use the personal information you provide to process your donation, send tax receipts and give you updates about our work. Please contact us if you wish to update your information or unsubscribe. Your monthly gift is used where it is most urgently needed. **Gifts of \$2 and over are tax-deductible.**

Catherine Hamlin  
Fistula Foundation

