Donation Form

Nursing, Education and Health Promotion Services

"working with women and their families to promote wellness"

I would like to donate $..... Cash / Cheque / Credit Card
Donations for $5 or more are tax deductable

$ 50.00 ☐ Will help pay for a Cervical Smear Test & Women's Health Consultation

$ 150.00 ☐ Will help pay for one Community Education Session

$ 300.00 ☐ Will help pay for two Community Education Sessions

$ 500.00 ☐ Will help pay for a Mobile Van Cervical Screening Day

$1,000.00 ☐ Will help pay for a Community Women's Pamper Day

Receipt required Yes / No

Please make cheque payable to: WONS
Post to: PO Box 41021, St Lukes, Auckland 1346

Name:……..

Address:……

Telephone: (……) …….. Mobile: ……

Email……

[ ] Tick here if you do NOT wish to receive mailings from WONS

Credit Card Details:

Name on Credit Card……

Card No: ……. ……. ……. …….

Expiry Date: ……. / ……. Visa / Master Card
Month / Year

Bank Account Details for Direct Credit:

National Bank of NZ - Account No: 06 0145 0269422 00

Signature:…….

WONS thanks you for your donation and support **WONS is a Charitable Trust – CC10025**

PO Box 41021 St Lukes Auckland 1346 Ph: 09 846 7886 Fax: 09 846 7887 14/49 Sainsbury Rd Morningside