

## DONATION FORM – Yes I would like to make a gift

\$50 can provide treatment for 20 children per month

\$100 can provide bandages and sutures package for 1 month

\$110 can support full hospitalisation for 5 children per month

### AUSTRALIAN SUPPORTERS

\$25  \$50  \$75  \$100   
My choice  \$.....

#### OR

I would like to give a regular monthly  
Donation of \$.....

#### DIRECT DEBIT:

Bo Children's Hospital Trust  
Westpac BSB 032 089  
ACCT# 273051

Full Name.....  
Company (if receipt is required in this name)  
.....  
Address.....  
Suburb/Town.....  
State.....Postcode.....

#### PAYMENT OPTIONS

Payable to: Bo Children's Hospital Trust  
P.O. Box 623, Balgowlah, NSW 2093

Cheque or money order

Charge my credit card

Visa  MasterCard

Card No.....

Expiry Date.....

Name on Card.....

Signature.....

### AMERICAN SUPPORTERS

\$25  \$50  \$75  \$100   
My choice  \$.....

Full Name.....  
Company (if receipt is required in this name)  
Address.....  
Suburb/Town.....  
State.....Postcode.....

#### PAYMENT OPTIONS

Check

Write your check to KBFUS, write "Bo Children's Hospital" in the memo section of the check, and send to KBFUS, 10 Rockefeller Plaza, 16<sup>th</sup> Floor, New York, NY 10020.

Charge my credit card

Go to [www.kbfus.org](http://www.kbfus.org), click on the "Donate Now" button and select "Bo Children's Hospital" under Giving Option 1: Non-profit Partners Overseas.

Gifts by wire transfer or to contribute other types of property:

Contact KBFUS at: email [info@kbfus.org](mailto:info@kbfus.org), phone (212) 713 7660.

### UNITED KINGDOM SUPPORTERS

£25  £50  £75  £100   
My choice  £.....

Full Name.....  
Company (if receipt is required in this name)  
Address.....  
Suburb/Town.....  
State.....Postcode.....

Cheque

Write your cheque "LCVS (Bo Children's Hospital Foundation)"  
Send with this form completed to: LCVS, 151 Dale Street,  
Liverpool L2 2AH

Phone: 0151 227 5177 Monday-Friday 9am-5pm

Online: [www.lcvs.org.uk](http://www.lcvs.org.uk). Click "Donate online", select "Bo Children's Hospital Foundation". Complete the web form details and continue

Internet Banking:

Account Name: LCVS Distribution A/c

Sort Code: 40-29-08

Account Number: 41244337

Please send email to confirm transaction to:  
[charityservices@lcvs.org.uk](mailto:charityservices@lcvs.org.uk)

**THANK YOU!**

*For making a lifesaving difference to the children  
of Sierra Leone, West Africa*