

## Regular Giving Program – Sign up Form



Thank you for supporting The Children's Hospital at Westmead's Heart Centre for Children. As a member of this program, you decide the amount and frequency of your gifts. When your circumstances change so can your gifts, all that we ask is that you keep us informed.

You can choose to donate to The Children's Hospital at Westmead's Heart Centre for Children through deductions from your credit card or selected bank account on the agreed dates:

1. Monthly gift on the 1st or the 15th of each month
2. Quarterly, Bi Annual or Annual gifts on 1st or the 15th of any month

### CONTACT DETAILS

Title: Mr, Mrs, Ms, Miss Other: \_\_\_\_\_

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

Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email \_\_\_\_\_

### GIFT DETAILS

Frequency of Gift:  Monthly  Quarterly  Bi Annually  Yearly

Amount of Gift: \_\_\_\_\_

Date of Next Pledge: 1st of ..... 15th of .....

Payment Method:  Credit Card  Direct Debit

The Heart Centre for Children – General

Funds Allocations:  The Heart Centre for Children – Research

The Heart Centre for Children – Equipment

### CREDIT CARD PAYMENT

Card Type  Amex  MasterCard  Visa

Card Number \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card \_\_\_\_\_

Cardholder \_\_\_\_\_

Signature: \_\_\_\_\_

### DEBIT PAYMENT

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

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

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Holders \_\_\_\_\_

Signature: \_\_\_\_\_

Our Privacy Policy is available on our website [www.bandagedbear.org.au/about-us/privacy-policy](http://www.bandagedbear.org.au/about-us/privacy-policy)

You can change the frequency or way that we communicate with you by calling us on 02 9845 3367. If you do NOT want to receive any future communications from The Children's Hospital at Westmead please tick this box

## Service Agreement

### DIRECT DEBIT REQUEST

I \_\_\_\_\_ authorise The Children's Hospital at  
(Account / Credit Card Holders Full Name)  
Westmead (User ID 229689) to arrange for funds to be debited from my account at the financial institution identified above and overleaf and as prescribed through the Bulk Electronic Clearing System.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Account / Credit Card Holders Signature)

This authorisation is to remain in force in accordance with the terms described in the service agreement below:

### DIRECT DEBIT SERVICE AGREEMENT

This document outlines our service commitment to you, in respect of the Direct Debit Request arrangements made between The Children's Hospital at Westmead and you. It sets out your rights, our commitment to you and your responsibilities to us, and where you should go if you require assistance. In the terms of the Direct Debit Request arrangements made between us and you, we undertake to periodically debit your nominated account for the agreed amount to the Hospital's works.

#### YOUR RIGHTS

1. Changes to the Agreement.

For all matters relating to Direct Debit arrangements, please contact The Fundraising Department at The Children's Hospital at Westmead by phone, fax, mail or email (See below). This includes drawing arrangements such as altering schedules, deferring or suspending a drawing, ceasing donations or disputes. Please direct all enquiries to the Hospital, rather than your financial institution. Please allow 4 working days prior to the next scheduled drawing date for any alterations.

2. Privacy and Confidentiality.

We adhere to the Privacy Act 1988, including the National Privacy Principles, when we collect, use, disclose, store, provide access to, or otherwise deal with your personal information (including details in your direct debit request). If you do not wish to receive information from us, or be placed on our mailing list, please contact us by phone, fax, mail or email. (See below)

3. Schedule Drawing Dates.

If the due date falls on a non-working day or public holiday, the payment will be processed on the next working day. If you are in any doubt, please contact us for clarification.

#### YOUR COMMITMENT TO US

It is your responsibility to ensure that:

- Your nominated account can accept direct debits (your financial institution can confirm this)
- That on the drawing date there are sufficient cleared funds in the nominated account
- That you advise us if the nominated account is transferred or closed
- That you are 18 years or over

We will notify you by phone or mail of any returned or dishonoured transactions on your account by your Financial Institution so you are able to advise us what action you would like to take. Any fees or charges incurred by The Children's Hospital at Westmead as a result of an unpaid transaction will be charged back to you.

#### Contact Us:

The Children's Hospital at Westmead  
Fundraising Department  
Locked Bag 4001, Westmead NSW 2145  
P: (02) 9845 3367  
E: fund@chw.edu.au

[www.bandagedbear.org.au](http://www.bandagedbear.org.au)

All donations of \$2 and over are tax deductible