



DONATION FORM

I / We are pleased to make a gift to Carols by Candlelight (SA) Inc

Please print clearly your name and/ or business name.

Prof Dr Mr Mrs Ms Miss

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I / WE WISH TO DONATE \$ _____

Cheque enclosed
 (Please make cheque payable to the CAROLS BY CANDLELIGHT (SA) INC)

Please charge my gift to:
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Signature: _____

All donors will be recognised unless otherwise requested, but amount of gifts will not be disclosed.

In aid of
 Novita Children's Services
 Cora Barclay Centre
 Women's & Children's
 Hospital Foundation

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