Your support really counts

Heart and Lung Transplant Trust (Victoria) Inc

Date										
PERSO	NAL DET	AILS								
Name	Partner's name (if applicable)									
Address								Postcode		
Postal ad	dress							Postcode		
Telephon	e			Мо	bile					
Email								Date of bi	irth	
SUPPO	RT TYPE									
DONATI										
I wish to	make a do	onation t	o the HLTTV			Amount \$			This amount is only for additio Memberships are an additional	
NEW MEMBER I wish to become a member of the HLTTV				EXISTING MEMBER I wish to renew my membership						
I wish my MEMBE RECIPIEI (Please co	omplete ir	oe emaile YPE oformatic	d on regarding T	ransplant Type, iversaries if you	-	Please note: Some	opy to be p editions will not be p and Year –	posted due to COV	ID-19 restrictions	
						Mo	nth		Year	
LUNG	Single	e C	Double							
HEART										
HEART A		G								
Other (p)	ease spec	ify)								
-				ncluded annual <i>Circulator'</i> new	-		Yes	No		
OR	PRE-TRA	NSPLAN	יד (WAITING LIST)	OR	(VENTRICU	LAR ASSIST I	DEVICE)	Single	Bi-VAD
OR	CARER	SUPPOR	RTER OTHER	(please specify	y)					

* Membership for Pre-transplant members is FREE. An annual donation of \$15 applies to all other categories of membership. A membership reminder will be included with the Winter edition of *'the Circulator'* each year. Prompt payment on receipt of a membership invoice is appreciated and we are grateful for any additional donations. Donations over \$2 are tax deductible.

HLTTV BANKING DETAILS for making your direct debit deposit when you send or email this form Name of Account Heart & Lung Transplant Trust (Victoria) Inc | BSB 033002 | Account No. 415-147

Please return this form to: Membership Officer Heart and Lung Transplant Trust (Victoria) Inc PO Box 25036, Melbourne 3004 Victoria

or SAVE this pdf form and email it to: secretary@hlttv.org.au

After saving this pdf, we suggest you also print a copy for your records.

