

DAVID WILLIAMS FUND

Food Voucher Application Form

Please deposit this application form in the box at reception along with a current copy of your Health Care Card or post it to DWF 51 Commercial Rd Prahran 3181.

First Name: _____ Surname: _____

Date of Birth: _____

Type of voucher (please circle only one): COLES SAFEWAY

Please indicate preferred delivery method (check only one):

- Voucher to be mailed to the address below unless otherwise specified
(You must write your name and address below).

Name: _____

Mailing Address: _____

Suburb: _____

Post Code: _____

Phone: _____

****DWF takes no responsibility for lost vouchers in the post****

****Lost vouchers will not be reissued****

- To be picked up at the PLC (after 10:00 am Wednesday following the week of application)
Please state reason why you do not want it posted (ie unsafe post / confidentiality) _____

*****IMPORTANT*****

PLEASE NOTE: This application will not be processed unless a current copy of your health care card is attached. (Please ask Reception to photocopy your card)

All enquires to: DWF Officer 9863 0422 Monday or Wednesdays only

For Office Use Only:			
Date:	DWF no:	Application No:	Voucher no: