

Cystic Fibrosis Geelong Inc

Assosiation No.A0058570W

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CLAIM FORM FOR MELBOURNE CF CLINIC APPOINTMENT

FUEL \$20 Voucher & PARKING \$10 Coles/Myer Voucher

Please lodge claim within three months of your appointment

Emailing claim form is preferred

NAME:	
Phone:	Mobile:
Email:	@
Postal Address:	

Date of Claim/Appointment: _____

PLEASE NOTE that your claim is CONFIDENTIAL and is not subject to a means test.

Must be a financial member of Cystic Fibrosis Geelong.
(\$2 annual membership fee)

Individual claims capped 4 visits per financial year (1 July – 30 June)

All funds raised by volunteers, support CF families in Geelong. Any and all donations are appreciated.

Please ask your Doctor to sign below to acknowledge your clinic appointment attendance.

Doctor: **Date:**

(signature required)

Notes:

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