Bandaged Bear Breakfast 2015

Dear Parents/Caregivers,

The Student Representative Council is organising a Bandaged Bear Breakfast on Thursday 19 March 2015 starting at 8:15am and concluding by 9:00am in the hall. K-2 Students and parents are invited to join us for breakfast, the most important meal of the day, with their favourite teddy bear. Bandaged Bear will also be attending our breakfast and would like to have a photo with your child.

The cost of the breakfast will be a money donation of $5 or greater per person. This would be most appreciated by the SRC as they would like to donate this money to the Children’s Hospital at Westmead. Receipts will be issued for taxation purposes. Awards will be given to various students’ bears that morning as well. Treating 70,000 patients every year, the Children’s Hospital at Westmead relies on community generosity to raise essential funds for purchasing advanced medical equipment, conducting research and maintaining the healing environment that the Hospital is renowned for.

Here is an idea of how our donations could be assisting the hospital:

• $20 will pay for a child with a speech impediment or cleft palate to have a speech therapy session.
• $100 will pay for life-saving drugs for a critically ill child.
• $1,500 will buy a Continuous Positive Airway Pressure Machine to help a child with obstructive sleep apnea to breathe.

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For catering purposes and to be placed on the attendance list could you please return this note by Tuesday 17 March 2015.

Child’s name: __________________________ Class: __________________________

My child: □ Will not be attending □ Will be attending with _____ guests.

The cost of the breakfast is a donation of $5 or greater per person. We would like to donate:

□ $5 □ $10 □ $20 □ $50 □ Other: __________________________

Your receipt can be used for taxation purposes.

Thank you for your support and we hope to see you at our Bandaged Bear Breakfast.

Miss R. Webster
Principal

Mrs T. Vasek
Organising Teacher

A great school…..close to home!
Minchinbury Public School
Payment Voucher Options

Student Name:.................................................................Roll Class:..............

Student Name:.................................................................Roll Class:..............

Student Name:.................................................................Roll Class:..............

Payment for:........................................................................................................
.........................................................................................................................
.........................................................................................................................

Please tick:

☐ CASH

☐ CHEQUES payable to: ‘Minchinbury Public School’

☐ CREDIT CARD TRANSACTION

Please debit my: Visa ☐ Mastercard ☐

Account Number:

[Blank spaces for account number]

Name on Card:.........................................................................................................(BLOCK LETTERS)

Card Expiry Date: ...... / ....... Security (CCV) Number: ☐ ☐ ☐

Cardholder’s Signature:..........................................................................................

Cardholder’s daytime/mobile number:...............................................................

Date: ........../........../........

Total Amount To Be Paid: $.................................