



DONATION FORM

Name: Mr/Mrs/Ms _____

Address: _____ Postcode: _____

Telephone No: _____

Donation to: Current Appeal: _____

Other (please specify): _____

Amount: \$ _____

Reason for Giving: _____

Payment: Cheque Credit Card

Credit Card Type: MasterCard Visa

Credit Card No: _/_/_/_/_ _/_/_/_/_ _/_/_/_/_ _/_/_/_/_

Amount: \$ _____ Expiry Date: _____ Signature: _____

For in memoriam donations, please complete this section:

I would like to make an in memoriam donation in memory of: _____

Amount: \$ _____

If you would like us to notify the next of kin of your donation please complete:

Next of Kin: _____ Relationship to deceased: _____

Address: _____ Postcode: _____

For telephone donations please call (02) 9113 2901 (Mon-Fri: 8:30am-5pm)

*Please return completed form to the Fundraising and Community Partnerships Unit
St George Hospital, PO Box 729, Kogarah, NSW 1485*

Your receipt will be mailed to you
Donations over \$2 are tax deductible

Thank you for your generous donation and support of our Hospital