



## SPECIAL GIFT FORM

Please complete this form and posted in envelope provided or fax to the Fundraising Coordinator on (02) 9113 3960

In lieu of a gift to mark a special occasion such as a birthday, anniversary or wedding, please complete the form below. A letter will be sent to the person you are honouring advising them of your donation. The person being honoured will specify which area at St George Hospital they would like your donation to be allocated.

**Money donated goes directly to St George Hospital and Community Health Service and all donations over \$2 are tax deductible (receipts issued)**

### Your Details:

Mr / Ms / Mrs / Dr: \_\_\_\_\_

Job Title (if applicable): \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### In Honour (a letter acknowledging your donation will be sent to):

Mr / Ms / Mrs / Dr \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

On the occasion of \_\_\_\_\_

E.g. birthday, anniversary, wedding, engagement

Funds raised will be directed to the: \_\_\_\_\_ at St George Hospital and Community Health Service  
**(Department/Unit/Where most needed)**

### Payment Details:

Please accept my gift of:

\$25     \$50     \$100     Other \$ \_\_\_\_\_

The gift for \$ \_\_\_\_\_ (cheque or money order to be made payable to **St George Hospital**) is enclosed, or please charge my credit card):

Bankcard     MasterCard     Visa

Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_