



STAWELL
REGIONAL HEALTH

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Hospital Foundation Donation Form

All donations of \$2 and over are tax deductible

Name: _____

Address: _____

Postcode: _____

Telephone: (Private) _____

(Business) _____

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E-mail: _____

Please tick payment type:

Cash

Money Order

Cheque



For the amount of \$ _____

Card number

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Expiry date

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Date

/

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**Donations may be made at ANZ Bank Stawell to Stawell Regional Health Foundation
Account 013-815-328610582**

Please send me an annual reminder Yes No

Please tick if you are agreeable to having your name recorded publicly

Please quote Letter Reference No. when donating

Office Use Only

Bank Reference No. _____

Name of Person Depositing _____