

In Celebration Donation



Online donations can be made at www.bendigohealthfoundation.org.au

Contact

Organisation (if applicable): _____

Title: _____ First name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____



Donation

I would like to donate a gift of: (please circle)

\$25 \$50 \$100 \$200 or my choice \$ _____

In Celebration

I would like my donation to be in celebration of: _____

Please send an acknowledgment of my gift to:

Family: Name: _____

Relationship to loved one: _____

Address: _____

Suburb: _____ Postcode: _____

(By completing this section, a letter will be sent to the family/person celebrating advising of collection total)



Payment

Cheque/Money Order
(payable to Bendigo Health Foundation)

CREDIT CARD (please mark one) VISA MASTER CARD

ACCOUNT NUMBER: _____

EXP DATE: _____ / _____ 3 DIGIT SECURITY NO: _____
(LOCATED ON THE BACK OF CARD)

CARD HOLDER NAME: _____
(Exactly as printed on card)



Donations over \$2 are tax deductible. Please retain your receipt for this donation for taxation purpose.

- I would like to receive my receipt via email.
- Please send me details on making a Gift to the Bendigo Health Foundation in my Will.
- I DO NOT want to be included on BH Foundation's mailing list

Bendigo Health Foundation ~ Supporting our Regional Hospital