

# In Memoriam Donation



Online donations can be made at [www.bendigohealthfoundation.org.au](http://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-Memoriam**

I would like my donation to be in memory of:

\_\_\_\_\_

Please send an acknowledgment of my gift to:

Name: \_\_\_\_\_

Relationship to loved one: \_\_\_\_\_

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

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

(By completing this section, a letter will be sent to the next of kin advising of collection total)

**Payment**

Cheque/Money Order  
(payable to Bendigo Health Foundation)

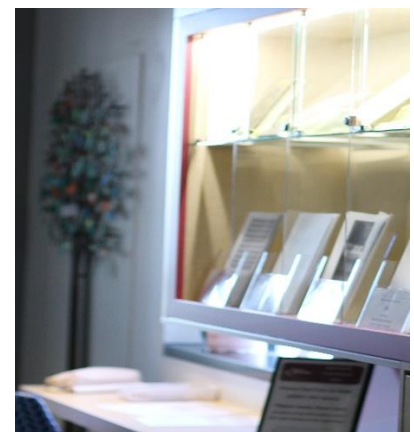
Credit Card



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)



*"My grandfather, father, wife and daughter have all worked for Bendigo Health. My 3 children and several grandchildren were born here. And that's why we GiveBack to Bendigo Health"*

-Robert 'Cookie' Cook

**#GiveBack**

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*

Bendigo Health Foundation  
PO Box 126, Bendigo VIC 3552

Ph: 1300 BHF 000 (1300 243 000)  
ABN 26 875 445 912

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[www.bendigohealthfoundation.org.au](http://www.bendigohealthfoundation.org.au)