

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 single gift of: (please circle)

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

I would like to make a monthly gift of \$ _____ by:

Credit card

I would like to donate to:

New Bendigo Hospital Appeal #GiveBack

Raise the Roof
(Cancer Patient Accommodation)

Fun Run

Bendigo Health Christmas Appeal

Other _____

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