



CONCORD REPATRIATION GENERAL HOSPITAL

DONATION FORM

Title: (Dr/Mr/Ms/Mrs) _____

First Name: _____ Surname: _____

Address: _____

Postcode: _____

Phone (Bus) _____ (Home) _____

- I would like to make a general donation to Concord Hospital.
- I would like to make a donation towards the _____ department at Concord Hospital.

My gift of: \$20 \$50 \$75 \$100 other \$ _____

Cash Cheque *Please make cheques payable to Concord Hospital*

Or debit my:

Mastercard Visa Diners

_____ / _____ / _____ / _____

Expiry Date: _____ / _____

Cardholders Name: _____

Signature: _____

- Please send me information about donating money through my will to Concord Repatriation General Hospital.

**Thank you for your support. Donations of \$2.00 or more are tax deductible.
A receipt will be forwarded to you.**

PLEASE FORWARD THIS FORM TO:

**MARKETING & COMMUNITY RELATIONS DEPARTMENT
Building 8A
Concord Repatriation General Hospital
Hospital Road, Concord NSW 2139**

INTERNAL USE ONLY:

Date: _____ Trust Fund Number: _____

Receipt: _____ Amount: _____