

## Donation Form

Yes, I would like to give my support to Sandringham Hospital

Here is my donation for  \$25  \$50  \$75  \$100

My choice of \$ \_\_\_\_\_

Please find enclosed  Cash  Cheque  
 Money order (payable to Sandringham Hospital)

Or, please debit my  Visa  Mastercard  Amex  Diners

Card number:

Expiry Date

Signature: \_\_\_\_\_

Title: ..... First name: ..... Surname: .....

Address: .....

Suburb : ..... State : ..... Postcode: .....

Phone: w ..... h ..... m .....

Email : .....

Please send me information on how I can remember Sandringham Hospital in my will

Donations of \$2 and over are tax deductible

<b><u>Office use only</u></b>	
Received by (please print name)	_____
Receipt No.	_____
Date	_____