

DONATION FORM

Section A – Your name and contact details	
Mr/Mrs/Ms:	Full name:
Organisation name if applicable:	
Address:	
Telephone:	Email:

Section B – Where would you like the donation to go?
Eg. ISLHD / Ward / Hospital / Department:
Reason for giving donation (optional):

Section C – ‘In Memoriam’ donation
I would like to make a donation in memory of:

Section D – Payment Details
Amount to be donated: \$_____ and ____ cents
Methods of payment:
1. Cheque / Money Order – please make cheque/money order payable to: ‘Illawarra Shoalhaven Local Health District’
2. Credit card payments via phone – contact ISLHD Finance on 02 4267 7311
3. Visit islhd.health.nsw.gov.au/get-involved/make-donation to donate securely online.
ISLHD Cashier Use Only Receipt No: 29 _____ Date: ___ / ___ / _____

Questions? ISLHD-FinanceBank@health.nsw.gov.au | 02 4267 7311

Please return the completed form to:
ISLHD Financial Operations, PO Box 239, Port Kembla NSW 2505

Your receipt will be mailed to the address noted in the first Section A of this form.
Donations of \$2.00 or more are tax-deductible.

Thank you for your generous donation and support.