

## ISLHD DONATION FORM

<b>Section A – Your name and contact details</b>	
Mr/Mrs/Ms:	Full name:
Organisation name if applicable:	
Address:	
Telephone:	Email:
<b>Section B – Where would you like the donation to go?</b>	
Eg. ISLHD / Ward / Hospital / Department:	
Reason for giving donation (optional):	
<b>Section C – ‘In Memoriam’ donation</b>	
I would like to make a donation in memory of:	
<input type="checkbox"/> Yes, please notify the family about my donation via the contact details below.	
Name:	
Address:	Post Code:
<b>Section D – ‘In Lieu of a Gift’ donation</b>	
I would like to make a donation in lieu of a gift for (name):	
<input type="checkbox"/> Yes, please notify the birthday person about my donation via the details below.	
Name:	
Address:	Post Code:
<b>Section E – Payment Details</b>	
Amount to be donated: \$ _____ and ____ cents	
Methods of payment	
1. Cheque / Money Order – please make cheque/money order payable to: <b>‘Illawarra Shoalhaven Local Health District’</b>	
2. Credit Card: <input type="checkbox"/> Mastercard or <input type="checkbox"/> Visa	
Credit Card Number: _/ _/ _/ _ _/ _/ _/ _ _/ _/ _/ _ _	
Expiry Date ____ / ____	
Name on Credit Card: _____	
Signature: _____ Date: ____ / ____ / ____	
3. Credit card payments via phone – contact ISLHD Finance on 02 4275 5151	
4. EFT (Electronic Funds Transfer) – contact ISLHD Finance on 02 4275 5151	
ISLHD Cashier Use Only	
Receipt No: 29 _____ Date: ____ / ____ / ____	

Please return completed form to:  
**ISLHD Financial Services, Private Mail Bag 3 Port Kembla NSW 2505 or**  
**ISLHD-Financebank@health.nsw.gov.au**

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***