


# Illawarra Shoalhaven Local Health District DONATION FORM



*Thank you for your generous donation!*

Your name and contact details	
Mr/Mrs/Ms:	Full name:
Organisation name if applicable:	
Address:	
Telephone:	Email:
GIFT PRIVACY	
<input type="checkbox"/> You may contact me about this donation using my contact details above.	
<input type="checkbox"/> I would like my gift to remain anonymous.	
ABOUT YOUR GIFT	
Where would you like the donation to go?	
Eg. ISLHD / Ward / Hospital / Department:	
If known, Restricted Financial Asset Cost Centre #: 19_____	
Reason for the gift (optional): <i>If in memory, please write in the name of the person who has died.</i>	
PAYMENT DETAILS	
Amount to be donated: \$_____ and ____ cents	
Donations of \$2 or more are tax deductible. Your receipt will be mailed /emailed to the address noted in the contact details provided on this form.	
Methods of payment:	
1. Donate securely online (up to \$15,000): <a href="http://www.islhd.health.nsw.gov.au/get-involved/make-donation">www.islhd.health.nsw.gov.au/get-involved/make-donation</a> or via the QR Code here:	
2. Donate securely for amounts over \$15,000: <a href="mailto:ISLHD-Fundraising@health.nsw.gov.au">ISLHD-Fundraising@health.nsw.gov.au</a>	
3. In-person: Donations can be made at any ISLHD Hospital cashier	
4. Credit card payments securely via phone – contact ISLHD Finance on 02 4267 7311 or <a href="mailto:ISLHD-FinanceBank@health.nsw.gov.au">ISLHD-FinanceBank@health.nsw.gov.au</a>	
	
ISLHD Cashier Use Only	
Receipt No: 29_____	Date: ____ / ____ / _____

Illawarra Shoalhaven Local Health District ABN 13 567 011 35  
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