

## IN MEMORY DONATION FORM

Making a donation in memory of someone special is a powerful way to honour someone who has died.

You may want to donate to a particular hospital, service, or department in recognition of the care they provided during this difficult time. You might also ask friends and family to make a donation in lieu of flowers. Please know that your donation will directly enhance patient care in the area you have chosen to support, so you can be assured that your contribution will serve as a meaningful tribute to your loved one. Our sincere thanks and appreciation for choosing to support local health services.

<b>I would like to make a donation in memory of:</b>	
Write the name of the person who has died in the space below.	
Name: _____	
<b>Where would you like the donation to go?</b>	
Select the area from the list below or write in a selection.	
<input type="checkbox"/> Community Palliative Care Services <input type="checkbox"/> Volunteer Services Palliative Care <input type="checkbox"/> Bereavement Services <input type="checkbox"/> Specific Ward / Unit / Department: _____ <input type="checkbox"/> ISLHD Hospital: _____ <input type="checkbox"/> ISLHD: Area of Greatest Need	
Reason for giving (optional): _____	

<b>GIFT PRIVACY</b>	
<input type="checkbox"/> I am a family member of the deceased. You may contact me about this donation.	
<input type="checkbox"/> I am a friend of the family. Please notify them about my donation via the details below.	
<input type="checkbox"/> I would like my gift to remain anonymous. The family will still be notified about this donation.	

<b>YOUR NAME AND CONTACT DETAILS</b>	
Name: _____	
Address: _____	
Telephone: _____	Email: _____

<b>PAYMENT DETAILS</b>	
Amount to be donated: \$_____ and ____ cents	
<b>Methods of payment:</b>	
1. Cheque / Money Order – please make cheque/money order payable to: ‘Illawarra Shoalhaven Local Health District’ 2. Credit card payments securely via phone – contact ISLHD Finance on 02 4267 7311 3. Visit <a href="http://www.islhd.health.nsw.gov.au/donate-now">www.islhd.health.nsw.gov.au/donate-now</a> to donate securely online.	
ISLHD Cashier Use Only	
Receipt No: 29_____ Date: ___ / ___ / _____	

Please return the completed form to:  
 ISLHD Finance Department, PO Box 239 Port Kembla, NSW, 2505 or [ISLHD-Financebank@health.nsw.gov.au](mailto:ISLHD-Financebank@health.nsw.gov.au)

*Donations of \$2 or more are tax deductible. Your receipt will be mailed to the address noted in the contact section of this form.*

**Thank you for your generous donation.**