

## ISLHD DONATION FORM

Section A – Your name and contact details	
Mr/Ms:	Full name:
Organisation name (if applicable):	
Address:	
Phone/Mobile:	Email:

Section B – Where would you like the donation to go?
For example: Area of greatest need / Ward / Hospital / Department:
Reason for giving donation (optional):

Section C – ‘In Memory Of’ or ‘With Thanks To’ if applicable
<input type="checkbox"/> I would like to make a donation in memory of:
<input type="checkbox"/> I would like to make a donation with thanks to (Staff/ Ward/ Hospital/ Department):

Section D – Payment Details
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 payments via phone – contact ISLHD Finance on 02 4267 7311 (or visit <a href="http://islhd.health.nsw.gov.au/get-involved/make-donation">islhd.health.nsw.gov.au/get-involved/make-donation</a> to donate securely online)
3. EFT (Electronic Funds Transfer) – contact ISLHD Finance on 02 4267 7311
ISLHD Staff Use Only Received by Staff Name: _____ Date: ____ / ____ / _____
ISLHD Cashier Use Only Receipt No: 29 _____ Date: ____ / ____ / _____

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

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

**Thank you for your generous donation!**