Calvary | Health Care Bethlehem

Hospitality
Healing
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Donation Form

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Please accept my donation of

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☐ One time only ☐ Monthly ☐ Annually

If you have selected monthly or annual donations, your donation will be deducted from the credit card nominated below on a monthly or annual basis as specified. You may provide notice to us in writing at any time to cancel this authority.

Reason for my donation

In memory of _____

Other _____

Please use my donation to support Calvary Health Care Bethlehem

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** Please make Cheques or Money Orders payable to **Calvary Health Care Bethlehem***

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Please send completed form to
Community Relations
Calvary Health Care Bethlehem
476 Kooyong Road
Caulfield VIC 3162

Enquiries
Community Relations
03 9595 3225

OFFICE USE ONLY
Account and Cost Centre:
_____

Thank you! Donations of over $2 are tax deductible and your receipt will be mailed to you.