Calvary | Health Care Bethlehem

Hospitality
Healing
Stewardship
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Donation Form

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☐ Email ☐ Mail ☐ I do not wish to receive updates

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Please accept my donation of

☐ $25 ☐ $50 ☐ $100 ☐ $200 ☐ Other _____

☐ 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***

Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

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Please send completed form to
Community Relations
Calvary Health Care Bethlehem
152 Como Parade West
Parkdale VIC 3195

Enquiries
Community Relations
03 9596 2853

OFFICE USE ONLY
Account and Cost Centre:
_____

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