Calvary | Health Care Kogarah

Hospitality
Healing
Stewardship
Respect

Donation Form

Your Details

☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other _____

First name _____ Surname _____

Company _____

Postal Address _____

State _____ Postcode _____

Telephone _____ Email _____

Stay in touch with Calvary Health Care Kogarah

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

Your Donation

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 direct my donation to Calvary Health Care Kogarah

☐ Palliative Care ☐ General Hospital

Payment Details

I am paying by

☐ Visa ☐ MasterCard ☐ Cheque* ☐ Money Order*

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

Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry date: ☐☐ / ☐☐

Cardholder's name _____ Cardholder's signature _____

Please send completed form to

Public Relations
Calvary Health Care Kogarah
PO Box 261
Kogarah NSW 1485

Enquiries

Public Relations
02 9553 3082

OFFICE USE ONLY

Account and Cost Centre:

_____

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