

Donation Form

Your Details

Mr
 Mrs
 Ms
 Dr
 Other _____

First name _____ Surname _____

Company _____

Postal Address _____

State _____ Postcode _____

Telephone _____ Email _____

Stay in touch with Calvary North Adelaide

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.

Please direct my donation to

St Helen's
 Research
 Bequests
 Mary Potter Hospice
 Equipment

General Donation
 Other – please give details below

Payment Details

I am paying by

Visa
 MasterCard
 Cheque*
 Money Order*

** Please make Cheques or Money Orders payable to **Calvary North Adelaide***

Card number:

Expiry date: /

Cardholder's name _____ Signature _____

Please send completed form to

Patient Administration
 Calvary North Adelaide
 89 Strangways Terrace, North Adelaide
 SA 5006

Enquiries

08 8239 9267

OFFICE USE ONLY

Account and Cost Centre:

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