



A gift in memory

Donation Slip

I would like to make a donation to the St George Hospital in memory of

Name and address of next of kin

1 Your Details

Mr Mrs Ms Miss Dr Prof Other

First Name Last Name

Address

Suburb State Postcode

Phone Number Email

2 Payment Details

Amount

Method of payment Credit Card Cheque/Money Order (Payable to St George Hospital)

Credit Card Details Expiry Date

Name on card Signature

3 Area of Support

- Current Appeal
- Where most needed
- Particular Unit/Service.....

Completed forms to be returned to Community Relations Department,
St George Hospital, Gray Street, Kogarah NSW 2217
Your receipt will be mailed to you. Donations over \$2.00 are tax deductible

