

# Gift in memory

## Donation Form

I would like to make an in memoriam donation to The Sutherland Hospital in memory of :

If you would like us to notify the next of kin of your donation please complete:

Next of Kin: ..... Relationship to deceased: .....

Address: ..... Postcode: .....

Mr  Mrs  Ms  Miss  Dr  Prof  Other: .....

First Name: ..... Last Name: .....

Address: .....

Suburb: ..... State: ..... Postcode: .....

Phone Number: ..... Email: .....

Amount: .....

Area of Support:  Current Appeal  Where most needed  Particular Unit / Service .....

Method of payment:  Credit card  Cheque / Money Order (payable to The Sutherland Hospital)

Credit Card Details: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry: .....

Name on card: ..... Signature: .....

Please Return completed for to:  
**Community Relations Department**  
The Sutherland Hospital, Locked Bag 21 Taren Point, NSW 2229

Your receipt will be mailed to you  
Donations over \$2 are tax deductible

**Thank you for your generous donation and support of our Hospital**



The Sutherland Hospital &  
Community Health Services



Health  
South Eastern Sydney  
Local Health District