

Donation Slip

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.....
 In Memory

In Memory of

Name and Address of Next of Kin

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