



NORTHEAST HEALTH WANGARATTA PLEASE SUPPORT YOUR LOCAL HEALTH

Gifts of \$2 or more are TAX DEDUCTIBLE

Yes, I'll Support our local hospital by donating to Northeast Health Wangaratta

\$25 \$50 \$75 \$100 \$500 \$_____ My Choice

Cheque/money order enclosed (*Payable to Northeast Health Wangaratta*) or

Visa MasterCard

Card No:

Name on card _____ Exp / Signature _____

Mr/Mrs/Ms/Miss/Dr First Name _____ Last name _____

Address _____ P/Code _____

Please accept my donation for the following Department:

- | | | | | |
|--------------------------------------|---------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> CCU | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Midwifery |
| <input type="checkbox"/> Breast Care | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Oncology | <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Other _____ | | | | |

I wish to make a memorial donation to the memory of _____

Please send acknowledgement to the Next Of Kin: Name _____

Address _____

ABN 131 572 732 79

P/Code _____

Please send completed forms to: Community Relations Department
Northeast Health Wangaratta, PO BOX 386, Wangaratta Vic 3676
or Fax: (03) 5722 0109

Supporting your local hospital helps your family, friends and loved ones in more ways than you can imagine

Thank you for giving generously

Northeast Health Wangaratta

providing quality care to our community in times of need

The personal information you provide is being collected by Northeast Health Wangaratta. Use of data is subject to specific terms and conditions of NHW's Privacy Policy. For further information or to request access to update your information, please contact (03) 5722 0448. I do not wish to receive further correspondence.

