## **Donation Form**



Name:										
Address:										
<b>Phone:</b> (BH)	(AH)	Mobile:								
Email:										
I would like to make a donat	ion of \$	to:								
<ul> <li>Cancer and Wellness Centre</li> <li>Community Services</li> <li>Emergency Department</li> <li>Primary Mental Health</li> <li>Wellbeing</li> </ul>	☐ Inpatient Palliative Care☐ Palliative Care at Home									
This donation is in memory of (if applicable):										

## Payment:

<ul><li>□ Cheque - Payable to Echuca Regional Health</li><li>□ Cash</li><li>□ Credit Card</li></ul>																		
Please charge my: ☐ Mastercard ☐ Visa																		
Amount: \$																		
Card Number:																		
Expiry Date://																		
Signed: Date: // //																		
Thank you for your support. Donations over \$2.00 are tax deductible.  I require a receipt for my donation.																		