Donation Form

I would like my donation directed to [program/service of choice]: _____

Enclosed is my cheque for $_____ payable to Gippsland Lakes Community Health or charge the sum of $_____ to

my ☐ Visa ☐ Mastercard. Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry date: _____/_____

Cardholder's name: _____ Cardholder's signature: _____

Donor's Details

Title: _____ First name: _____ Surname: _____

Address: _____

Telephone: (BH)_____ (AH)_____

Please forward your donation to: Gippsland Lakes Community Health, Finance Department, PO Box 429 Lakes Entrance VIC 3909

All donations over $2.00 are tax deductible and will be acknowledged by a letter and receipt. Thank you for your support.