

Donation Form



Donor's Details

Name: _____

Address: _____

Phone: _____ Email: _____

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

Method of Payment

Electronic Funds Transfer (EFT)

Account Name: Gippsland Lakes Complete Health Limited
Bank: National Australia Bank
BSB: 083 721
Account No: 684 880 896

Please email us with details of the transfer, including your name and contact information.

Cheque

Payable to 'Gippsland Lakes Complete Health Limited'

Credit Card

Please charge the amount of \$_____ to my: Visa ☐ Mastercard ☐

Card Number: _____

Expiry date: ____ / ____ CVV: ____ (3 digit number on the back of the card)

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

All donations over \$2.00 are tax deductible and will be acknowledged by a letter and receipt.

Thank you for your support.

Postal Address: Gippsland Lakes Complete Health
Att: Executive Assistant
PO Box 429
Lakes Entrance VIC 3909

Email Address: hello@glch.org.au
Phone: (03) 5155 8358