



DONATION FORM



Please print this form, complete your details and send to:

Mail: Fundraising Department
St Vincent's Hospital
Scott Street
TOOWOOMBA QLD 4350

Fax: (07) 46389556

Your Details:

Mr / Ms / Mrs / Dr _____
First name Surname

Job Title (if applicable) _____

Company (if applicable) _____

Address _____
Suburb State Postcode

Phone number () _____

E-mail _____

I would like to donate to: (please tick one only)

Equipment Fund Special Projects Fund Other (Please Specify) _____

Money donated goes directly to St Vincent's Hospital and all donations are tax deductible

Payment Details: *Please accept my (please tick) (please do not enclose cash)*

single monthly **OR** quarterly donation of: \$ _____

my cheque/money order is enclosed (payable to St Vincent's Hospital)

OR Please debit the amount I've indicated from my:

Visa Card MasterCard Bankcard

Cardholder name: _____

Card no.

Signature _____ Expiry Date _____

Please send me information on:

Bequests – please contact me in the strictest confidence

Your Privacy: St Vincent's Hospital Toowoomba (SVHT) respects your privacy and complies with the National Privacy Principles. SVHT only collects that information needed to provide and communicate services to you.

I authorise St Vincent's Hospital to deduct this amount from my credit card on receipt of this form. If monthly or quarterly pledge has been ticked please deduct this amount from my credit card accordingly. This authority will remain valid until revoked in writing by me or St Vincent's Hospital.

Please tick this box if you do not wish to receive any future communications from St Vincent's Hospital