St Luke's
HOSPITAL FOUNDATION
QUALITY CARE WITH A PERSONAL TOUCH

Donation Form

I would like to make a donation to St Luke's Hospital Foundation

DONOR DETAILS

Mr/Dr/Mrs/Ms (PLEASE CIRCLE)

First Name

Surname

Address

Suburb Postcode

Country

Daytime Telephone

Email

Amount of Donation $

PAYMENT DETAILS

Please make cheque payable to St Luke's Hospital Foundation

CREDIT CARD DETAILS

☐ Amex ☐ Visa ☐ Mastercard ☐ Cheque

Card number

Expiry Date /

Name on card

Signature of cardholder

Additional Information (optional)

THIS GIFT IS IN MEMORY OF

In Memory of Mr/Dr/Mrs/Ms (PLEASE CIRCLE)

First Name

Surname

Name of Next of Kin

Address of Next of Kin

Suburb Postcode

THIS GIFT IS IN CELEBRATION OF

In Celebration of Name Mr/Dr/Mrs/Ms (PLEASE CIRCLE)

First Name

Surname

On the Occasion of

Address of Celebrant

Suburb Postcode

POSTAL ADDRESS FOR DONATIONS

St Luke's Hospital Foundation
PO Box 35
POTTS POINT NSW 1335
Telephone (02) 9356 0277
Facsimile (02) 9358 4355
Email foundation@slc.org.au

St Luke's Hospital Foundation
ABN 69 002 385 999
Charity Number CM03401390