

You are invited to support the Foundation by becoming a Member at one of five levels, which can be paid by equal instalments over five years, or as a lump sum.

- BENEFACTORS \$100,000 or more
- GOVERNORS \$ 50,000 to \$ 99,999
- FELLOWS \$ 10,000 to \$ 49,999
- COMPANIONS \$ 5,000 to \$ 9,999
- ASSOCIATES \$ 2,500 to \$ 4,999

We welcome the involvement of Members in activities through the various committees and attendance at the AGM in November. All Members receive the Annual Report and invitation to the AGM. Members receive the Foundation Newsletter with news about the activities and projects of St. Luke's Hospital.

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**Mrs Julia Tregoning**  
**Chairman**  
**St Luke's Hospital Foundation Limited**  
**PO Box 35**  
**POTTS POINT NSW 2011**

Dear Mrs. Tregoning

I / We would like to become a vital part of the ongoing tradition of St Luke's by joining the Foundation.

I / We wish to become a Member as \*Benefactor \*Governor \*Fellow \*Companion \*Member

I / We propose to make a gift of \$..... Yearly for ..... years to reach this level of membership, on the understanding that if necessary I / We can vary this amount.

Title: \_\_\_\_\_ Given Name (Please print): \_\_\_\_\_

Address: \_\_\_\_\_

Suburb / City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: (H) \_\_\_\_\_ (W): \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\* PRIVACY**

The information you provide on this form will be used by the Foundation to maintain your membership and keep you informed about Foundation events. It will be used for these purposes only.

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- Enclosed is my cheque/money order for \$ \_\_\_\_\_ made payable to "St. Luke's Foundation"
- Please charge my credit card to the amount of \$ \_\_\_\_\_ once only or
- Please charge my credit card to the amount of \$ \_\_\_\_\_ per year for 5 years, commencing on \_\_\_\_\_

Type of card:  Amex  Diners  Mastercard  Visa  Bankcard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Tick this box if you do not wish to receive the Foundation newsletter and other information.