



ST LUKE'S

HOSPITAL FOUNDATION

DONATION FORM

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

DONOR DETAILS

Title _____

First Name _____ Surname _____

Address _____

Suburb _____ State _____ Postcode _____

Country _____

Daytime Telephone _____ Email _____

PAYMENT DETAILS

A tax deductible receipt will be forwarded to you for gifts over \$2

- Enclosed is my cheque/money order for \$_____ made payable to 'St Luke's Hospital Foundation' **or**
- I have deposited \$_____ by EFT into BSB 082 057 Account Number 13 708 2633
(St Luke's Hospital Foundation Limited) on _____
(please complete and mail slip or email foundation@slc.org.au to advise EFT details) **or**
- Please charge my Mastercard Visa Amex to the amount of \$_____

Card number _____ Expiry _____ / _____

Name on card _____

Signature of cardholder _____

ADDITIONAL INFORMATION (OPTIONAL)

THIS GIFT IS IN MEMORY OF

In memory of _____

First Name _____ Surname _____

Name of Next of Kin _____ Address of Next of Kin _____

Suburb _____ State _____ Postcode _____

THIS GIFT IS IN CELEBRATION OF

In celebration of _____

First Name _____ Surname _____

On the Occasion of _____ Address of Celebrant _____

Suburb _____ State _____ Postcode _____

POSTAL ADDRESS FOR DONATIONS

St Luke's Hospital Foundation
PO Box 35
POTTS POINT NSW 1335