

Modbury Hospital Foundation



Serving our Community

Your Details

Title: _____

First Name: _____

Surname: _____

Address: _____

State: _____ Post Code: _____

Phone: _____

Email: _____

Please send me more information on:

- Becoming a volunteer
- How to raise funds on behalf of the Modbury Hospital Foundation
- How I can include the Modbury Hospital Foundation in my Will

Donation Details

Please accept my gift of: _____

(Gifts of \$2 or more are tax deductible)

Or I would like to pledge the sum of \$ _____
to be charged to my credit card (details below) in

monthly quarterly half yearly annual instalments
(Donations will be processed on or near the ?? of the month)

Please find enclosed my cheque/money order
made payable to the Modbury Hospital Foundation

Please debit my Credit Card: Visa Mastercard

Card Number:

□□□□ □□□□ □□□□ □□□□

Expiry Date: _____ / _____

Cardholder's Name: _____

Signature: _____

Thank you for your support. A receipt will be mailed to you at the address supplied above.