

ALEXANDRA DISTRICT HEALTH 2018-19 ANNUAL APPEAL

Thank you for your past present and future support. This year your donations will fund a new portable defibrillator for our theatre department and Doppler ultrasound machines for wound care . Our fundraising goal is \$20,000.

I would like to contribute to the Alexandra District Health Annual Appeal.

Donation amount \$ _____ *Donations over \$2 are tax deductible.*

PAYMENT METHOD

Electronic Funds Transfer (EFT) **BSB: 083 503 (NAB) ACCOUNT NUMBER: 8500 14134** Please use reference AA and your surname e.g. AASMITH
You can email your remittance along with your name and address so we can supply a receipt to alexandra@humehealth.org.au.

Cheque (payable to Alexandra District Health)

Cash (in person to the hospital reception)

Please complete the below information and return with your donation (unless you have provided your remittance, name and address via email)

Name: _____ Donation from: Individual Organisation

Payment method: Cheque Cash EFT

Organisation/company name: _____

Name: _____

Address: _____

Town: _____ Postcode: _____

Email address: _____



Annual Appeal 2018/19