

Credit Card Donation

I would like to make a donation to:

- | | |
|--|---|
| <input type="checkbox"/> General Hospital Donation | <input type="checkbox"/> Murray to Moyne Relay |
| <input type="checkbox"/> Willaura Healthcare | <input type="checkbox"/> Parkland Hostel |
| <input type="checkbox"/> 70 Lowe Street | <input type="checkbox"/> Garden View Court |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Community Centre / Community Nursing |
| <input type="checkbox"/> Other | |

This donation is in memory of (if applicable) _____

Payment Type: ☐ Card ☐ Cheque

Card Type: ☐ Visa ☐ Mastercard ☐ Other

Cardholder Name: _____

Card Number:

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Expiry: ____/____ CCV: _____

Signature: _____ Amount: \$ _____

Would you like a receipt? ☐ Yes ☐ No

Name: _____

Contact number: _____

Email address: _____

Address: _____

We thank you for your kind and generous donation.



Integrity



Excellence



Community



Working
Together



Learning
Culture

Donate By Mail:

To make a donation to East Grampians Health Service, download and print the donation form below and mail to:

East Grampians Health Service

Girdlestone Street,

Ararat, Victoria 3377

P.O Box 155