



THANK YOU FOR YOUR GIFT

Your kind donation will enable us to help keep St Andrew's Hospital at the forefront of Medical and Surgical Excellence.

Please return the completed form and donation to St Andrew's Hospital Foundation, GPO Box 1299, Adelaide SA 5000 (no stamp required).

I / We enclose a donation to the St Andrew's Hospital Foundation (please make cheques payable to St Andrew's Hospital Foundation).

Name on receipt

Address

Suburb

Postcode

Email

Telephone

I / We wish to donate the following:

\$300 \$500 \$750

Other \$

Please note all donations over \$2 are tax deductible.

PAYMENT DETAILS

Please charge my Mastercard Visa

Card Number -

Expiry Date /

Name on card

*All credit card donations can be made at www.stand.org.au or please call the Foundation Director Amy Bredon on 8408 2005.

A cheque or money order is enclosed

Please enclose the following information with my receipt:

Details on how to join the Friends of St Andrew's Hospital, to be invited to events and receive our newsletter

Further information regarding leaving a specific gift or donation to St Andrew's Hospital, by way of a bequest included as a part of my Will

Please do not acknowledge this gift publicly in published reports (please leave anonymous)

Signature

Date