



# Donation Form

Please accept my donation of the below amount to assist Cohuna District Hospital:

TOTAL AMOUNT: \$ \_\_\_\_\_

Receipt required: YES  NO

## PERSONAL DETAILS (not mandatory)

NAME Title \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE Home/Business \_\_\_\_\_ Mobile \_\_\_\_\_

EMAIL \_\_\_\_\_

DONATION USE: HOSPITAL  AGED CARE

OTHER  \_\_\_\_\_

WOULD YOU LIKE RECOGNITION IN THE ANNUAL REPORT : YES  NO

## PAYMENT DETAILS

Direct Deposit

Cash enclosed

Cheque enclosed

Bank: ANZ

Name: CDH Operating Account

BSB: 013 580

Account: 2881 10013

Donor Signature: \_\_\_\_\_

**COHUNA DISTRICT HOSPITAL THANK YOU FOR YOU KIND DONATION**

### \*Office Use Only\*

Capital Donations

Coded XO500 - 58228

Tagged:

Untagged:

Reception Signature: \_\_\_\_\_

Finance \_\_\_\_\_