



# 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: NAB  
Name: CDH Operating Account  
BSB: 083 001  
Account: 749050341

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

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

### \*Office Use Only\*

Capital Donations   
Coded XO500 - 58228

Tagged:   
Untagged:

Reception Signature:

Finance