



Yes, I'd like to help The Wesley Hospital to stay at the forefront of medical, surgical and clinical care.

Date: / /

Title: Company Name: Donor ID:

First Name: Surname:

Address:

Suburb: State: Postcode:

Phone: Email:

UnitingCare Health is committed to the responsible management of personal information in accordance with the Privacy Act 1988. We will never sell, trade or give your personal details to a third party.

I wish to make a donation

Please accept my gift of:

\$50 \$150 \$500 \$1000 Surprise us! \$

All donations of \$2 or more are tax deductible. We will send you a receipt

I would like my gift to go to:

Palliative care services Cancer care services Area of greatest need My choice

My payment method

Cheque / money order (Please make payable to UnitingCare Health) MasterCard Visa

Name on card:

Card number: Expiry date: /

Direct deposit into our bank account: **BSB: 014-002 Account: 8356 72569 Reference: Please use your last name and TWH**

Please return the completed form to

Donor Care Team, UnitingCare Health, GPO Box 2240, Brisbane QLD 4001

Further communication

Please tick this box if you prefer to hear from us twice a year (end of financial year and Christmas) OR

Please tick this box if you prefer not to receive fundraising communications from us

Thank you for supporting The Wesley Hospital; your generosity is greatly appreciated by all staff, patients and supporters. Every donation we receive contributes towards a variety of new projects that are in addition to the normal activities of the hospital. This results in significant added value to the health services and patient care that we provide, allowing us to keep our activities at the forefront of best practice, giving you and other patients the best possible services and experience.

For further information on supporting The Wesley Hospital, please contact our donor care team on: 1800 001 953 or fundraising@uhealth.com.au **Thank you for your generous support.**

Staff member to cut off and give to donor



Receipt acknowledgement

Please complete this portion if you are giving your donation form to a staff member at the hospital.

Date:

Donation amount:

Donation method (cash, card or cheque):

Donor's name:

Received on behalf of The Wesley Hospital by (please print name):

Signed: