



Title	Mr	Mrs	Ms	Miss	Other		
First Name					Surname		
Address							
Suburb				State		Postcode	
Phone				Email			

DONATION INFORMATION

- Donate Now** – I understand that donations are not yet tax deductible

I (we) would like to make a donation of \$

This donation is given in memory of

- Donate Later** – Please notify me when donations to FCH become tax deductible

I (we) would like to pledge a donation of \$ (optional)

Method of Payment

- My cheque, payable to Fitzroy Community Hospice, is enclosed
- I have made a bank transfer to Fitzroy Community Hospice **BSB 813049 Account 100097989**
- I authorise a one-off charge to my credit card in the amount of \$_____
- I authorise a recurring charge to my credit card in the amount of \$_____
- weekly monthly yearly, beginning on ____/____/____
- ending after ____ payments or continuing until advised by me

Credit Card Details (if applicable)

Credit Card Type Visa Mastercard

Name on Card: _____ Expiry: ____/____ CVV: _____

Number: ____/____/____/____

Signature: _____

I would like:

- To subscribe to regular email updates about the work of Fitzroy Community Hospice
- Information about how to leave a gift to Fitzroy Community Hospice in my will

Post: Fitzroy Community Hospice, PO Box 1019, Rockhampton, QLD 4700 **Email:** admin@fitzroyhospice.org.au
Alternatively, donate securely online at www.fitzroyhospice.org.au