

YOUR INFORMATION

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

DONATION INFORMATION

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

This donation is given in memory of

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**

Alternatively, donate securely online via credit card at bit.ly/fitzroy-community-hospice

Thank you! Donations of \$2 or more are tax deductible and a receipt will be provided to you from Fitzroy Community Hospice Ltd ABN 38 647 816 920

Post: Fitzroy Community Hospice, PO Box 1019, Rockhampton, QLD 4700 **Email:** admin@fitzroyhospice.org.au