



MEMBERSHIP FORM

MEMBER DETAILS

Individual/ Family

Business/ Organisation

Member Name:

Address: Phone:

Suburb: State: Post Code:

Email Address for Receipts:

CONTACT INFORMATION (for businesses and organisations)

Name

Position Phone

Email

Please tick this box if you do not wish to receive email updates.

MEMBERSHIP ACKNOWLEDGEMENT

Yes, I would like to become a Supporter Circle member and I understand my donation of \$1,500 is renewable annually (opt out at anytime)

or

I would like to become a Supporter Circle member for 12 months with a once-off donation of \$1,500.

PAYMENT METHOD

I have made a bank transfer to Fitzroy Community Hospice
BSB 064709 Account 10901875

Please send an invoice

I have donated online by credit card (Scan the QR code to be taken to our donation page) →



THANK YOU FOR YOUR SUPPORT

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