



Donation Form

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 064709 Account 10901875**

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, 38 Agnes Street, Rockhampton, QLD 4700

Email: admin@fitzroyhospice.org.au