


Illawarra Shoalhaven Local Health District DONATION FORM



Say thank you and donate today!

Your donation to our Local Health District will go towards medical equipment and programs that enhance patient care across the District. Plus, your gift is a great way to say a big thank you to all health care workers.

Your name and contact details	
Mr/Mrs/Ms:	Full name:
Organisation name if applicable:	
Address:	
Telephone:	Email:
GIFT PRIVACY	
<input type="checkbox"/> You may contact me about this donation using my contact details above.	
<input type="checkbox"/> I would like my gift to remain anonymous.	
ABOUT YOUR GIFT	
Where would you like the donation to go?	
Eg. ISLHD / Ward / Hospital / Department:	
If known, Cost Centre Special Purpose & Trust account #: 19_____	
Reason for the gift (optional): <i>If in memory, please write in the name of the person who has died.</i>	
PAYMENT DETAILS	
Amount to be donated: \$_____ and ____ cents	
Donations of \$2 or more are tax deductible. Your receipt will be mailed /emailed to the address noted in the contact details provided on this form.	
Methods of payment:	
1. Donate securely online (under \$10,000): www.islhd.health.nsw.gov.au/donate-now or via the QR Code here:	
2. Donate securely for amounts over \$10,000: ISLHD-Fundraising@health.nsw.gov.au	
3. In-person: Donations can be made at any ISLHD Hospital cashier	
4. Credit card payments securely via phone – contact ISLHD Finance on 02 4267 7311 or ILHD-FinanceBank@health.nw.gov.au	
	
ISLHD Cashier Use Only	
Receipt No: 29_____ Date: ____ / ____ / _____	

Thank you for your generous donation.

Illawarra Shoalhaven Local Health District ABN 13 567 011 35
ISLHD Finance Department, PO Box 239 Port Kembla, NSW, 2505
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