Illawarra Shoalhaven Local Health District



IN MEMORY DONATION FORM

Making a donation in memory of someone special is a powerful way to honour someone who has died. You may want to donate to a particular hospital, service, or department in recognition of the care they provided during this difficult time. You might also ask friends and family to make a donation in lieu of flowers. Please know that your donation will directly enhance patient care in the area you have chosen to support, so you can be assured that your contribution will serve as a meaningful tribute to your loved one. Our sincere thanks and appreciation for choosing to support local health services.

I would like to make a depation in memory of:	
I would like to make a donation in memory of:	
Write the name of the person who has died:	
W/howe would would be the depetients and	
Where would you like the donation to go?	
Select the area from the list below or write in a selection.	
Community Palliative Care Services	
Volunteer Services Palliative Care	
Bereavement Services	
Specific Ward / Unit / Department:	
□ ISLHD Hospital:	
ISLHD: Area of Greatest Need	
Reason for gift (optional):	
GIFT PRIVACY	
I am a family member of the deceased. You may contact me about this donation.	
I am a friend of the family. Please notify them about my donation via the details below.	
□ I would like my gift to remain anonymous. The family will still be notified about this donation.	
YOUR NAME AND CONTACT DETAILS	
Name:	Name of Organisation if Applicable:
Address:	
Telephone: Er	nail:
PAYMENT DETAILS	
Amount to be donated: \$ and cents	
Donations of \$2 or more are tax deductible. Your receipt will be sent to the address/email 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 QR Code:	
 2. Donate securely for amounts over \$10,000: <u>ISLHD-Fundraising@health.nsw.gov.au</u> 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	
	国家の経営部署
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 Email: <u>ISLHD-Financebank@health.nsw.gov.au</u> | Phone: 02 4267 7311