

# Donation Form



Yes, I would like to support the Northern Health Foundation!

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone

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Email: \_\_\_\_\_

For the amount of \$  as a

One-off

Monthly

Quarterly

Biannual gift

For one or more of the following programs:

General

Craigieburn Health Service

Northern Hospital

Teaching, Training and Research Precinct

Bundoora Extended Care

Research

Broadmeadows Health Service

Medical Equipment

Other (please specify): \_\_\_\_\_

Enclosed **cheque** made payable to Northern Health Foundation

**Credit card** details below for:

MasterCard

Visa

Other credit card (please specify) \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry \_\_\_\_\_

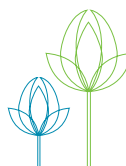
Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

*Thank you for your support*

Donations over \$2 are tax deductible

Northern Health  
Foundation



Please return to:

**Northern Health Foundation**

185 Cooper Street Epping VIC 3076

Phone 03 8405 2897 Fax 03 8405 2930

[northernhealthfoundation@nh.org.au](mailto:northernhealthfoundation@nh.org.au)