



SPECIAL OCCASION GIVING

Personal Details

Title _____ Name _____ Surname _____
Company (if applicable) _____
Position (if applicable) _____
Address _____
Town _____ State _____ Postcode _____
Phone _____ Mobile _____
Email _____

Special Occasion _____

Message to the person / family _____

Details of the person / family to be notified

Name _____ Surname _____
Address _____
Town _____ State _____ Postcode _____

Donation Details

☐ Once ☐ Monthly ☐ Quarterly ☐ Yearly

☐ \$50 ☐ \$100 ☐ \$500 ☐ \$1000

Other Amount: \$ _____

Credit Card Details

☐ Mastercard ☐ Visa

Number _____ / _____ / _____ / _____

Expiry Date ____ / ____

Cardholder's Name _____

Cardholder's Signature _____ Date _____



SPECIAL OCCASION GIVING

I/We wish to direct our donation to:

☐ Greatest Need

☐ Endowment Fund - Giving in Perpetuity

(Your donation will keep giving every year by directing the interest only, to our hospitals)

or

☐ Clinical area of choice _____

or

Hospital of choice

☐ MACKAY ☐ SARINA ☐ PROSERPINE ☐ MORANBAH ☐ DYSART
☐ CLERMONT ☐ BOWEN ☐ COLLINSVILLE

☐ I would prefer that my gift remains anonymous

☐ I would like to subscribe to the Mackay Hospital Foundation Newsletter

☐ Please send me information on making a gift in my will

Mackay Hospital Foundation

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Thank you for supporting your local hospital