MACKAY HOSPITAL FOUNDATION

VISION

To enhance the hospital experience and help improve the health outcomes for people in the Mackay Hospital and Health Service region, in partnership with our communities.

ROLE

To work in partnership with Mackay Hospital and Health Services and the communities it serves by contributing to exceptional health care through the provision of medical equipment, service support, education and research.

DONATION FORM

Please complete the form

PERSONAL DETAILS

Title___ Name _____ Surname _____

Position (if applicable)_____

Company (if applicable)_____

Postal Address_____

Town _____ State _____ Postcode _____

Phone _____ Mobile _____

Email _____

DONATION DETAILS

☐ Once ☐ Monthly ☐ Quarterly ☐ Yearly

☐ $50 ☐ $100 ☐ $500 ☐ $1000

Other Amount: $_____

CREDIT CARD DETAILS

☐ Mastercard ☐ Visa

Number _____/_____/_____/_____

Expiry Date ____/____ CVC _____

Cardholder's Name _____

Cardholder's Signature _____ Date _____

DIRECT DEPOSIT

Account Name:	Mackay Hospital Foundation
BSB:	124-049
Account Number:	221 578 89
Reference:	Your name or your organisation name

FURTHER INFORMATION

I/We wish to direct our donation to:

(Please choose one option for your gift)

☐ Greatest Need	☐ Clinical area of choice (please specify) _____

Hospital of choice (please indicate)

☐ MACKAY ☐ SARINA ☐ PROSERPINE ☐ MORANBAH ☐ DYSART

☐ CLERMONT ☐ BOWEN ☐ COLLINSVILLE

☐ Please contact me, I wish to receive more information

☐ I would prefer that my gift remains anonymous

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

Thank you for supporting our local hospitals. Your donation will make a difference.

Mackay Hospital Foundation

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