

**ON-LINE DONATION FORM**

Please print this form and fax, post or email with your donation:

Foundation Director  
St Andrew’s Hospital Foundation Inc  
GPO Box 1299  
Adelaide SA 5001 (*no stamp required*)  
Phone: 08 8408 2005  
Facsimile: 08 8232 0328  
Email: gcespi@stand.org.au

I / We are pleased to make a donation to the future of St Andrew’s Hospital Foundation.

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

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

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

<b>I / We wish to donate</b>		
<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00
<b>OR</b> \$ _____		

Cheque / Money Order enclosed  
(made payable to “St Andrew’s Hospital Foundation Inc”)

Please charge my credit card       Visa       Mastercard       AMEX

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

Expiry Date: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please include information on the following with my receipt:**

- Information on making a bequest
- Information on donating a specific gift
- Information on arranging an in memoriam
- Information on joining the Friends of St Andrew’s Hospital

- All donors will be recognised unless otherwise requested, but gift amounts will not be disclosed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_