



# You Can Help to make a difference

- I would like to make a donation to help purchase important medical equipment
- I would like information about leaving the Hospital a gift in my will

Mr / Mrs / Ms / Miss / Dr

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

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

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

Suburb \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone \_\_\_\_\_

Enclosed is my cheque for \$ \_\_\_\_\_ (payable to Hornsby Ku-ring-gai Hospital)

OR please charge my:  Bankcard  Mastercard  Visa

Card No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount: \$ \_\_\_\_\_

Name on card: \_\_\_\_\_

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

Expiry Date: \_\_\_\_\_ Donations over \$2 are tax deductible

I would like my donation to go towards: \_\_\_\_\_  
(list Department or Service)

Use my donation where most needed.

**Thank you for helping Hornsby Ku-ring-gai Hospital**

Please return to: Community Relations  
Hornsby Ku-ring-gai Hospital  
Palmerston Rd  
Hornsby NSW 2077

Fax : (02) 9477 9980

Phone: (02) 9477 9823

Note: We cannot accept Online donations at present, and email is not a sufficiently secure method of transmitting confidential financial information.

Please tick if you do not wish to be included on our mailing list