



Graduate Nurses from our 2023 *Transition to Professional Practice* program.

Yes, I wish to help St Andrew's Hospital.

I would like to make a donation of:

\$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1000 ☐ An amount of my choice:

Thank you for supporting St Andrew's Hospital. To make your donation, please send this form back using the reply paid envelope provided, or simply email it to foundation@stand.org.au

Credit Card

Visa ☐ MasterCard ☐

Name on Card

Card Number

Expiry / CVV

Signature Date

All gifts over \$2 or more to the St Andrew's Hospital Foundation (ABN 55 623 655 867) are tax deductible.

Cheque

Please make payable to the
St Andrew's Hospital Foundation

Electronic funds transfer

Name: **St Andrew's Hospital Foundation Inc.**
BSB: **065-006**
Account number: **1009 3567**

Please include your name in the transfer description.

My details

Title Name Surname

Address

State Postcode Telephone

Email

We would like to acknowledge your generous donation by listing your name in our annual report.

Please list how you would like your name publicly acknowledged:

☐ Please tick this box if you wish your gift to be anonymous

☐ Please tick this box if you would like to receive further information about St Andrew's Hospital.

I am interested in supporting:

<input type="checkbox"/> Patient Care & Wellbeing Programs	<input type="checkbox"/> Clinical Education & Research
<input type="checkbox"/> Medical Equipment & Technology	<input type="checkbox"/> Infrastructure & Facility Upgrades

Thank you for your gift.

