Donation Form - Funds

Note: Form can be completed by a staff member and signed by donor.

Central Highlands Rural Health

DONATION ENQUIRIES: Engagement & Fundraising Manager
Phone: 0439 705 039 / Email: giving@chrh.org.au / Mail: PO Box 465, Daylesford 3460

Donor Details:

Date: ____/_____/_____ Business Name: _____

Title: _____ First Name: _____ Surname: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Please note: Donor and donation information is confidential unless consent is given to publish.
Please use "Anon" if you don't wish to be identified – receipts cannot be issued to "Anon"

Payment Details:

Amount: $ _____

☐Cash
☐EFTPOS Payment
☐Bank Transfer (invoice will be provided)
☐Credit Card (please complete details below)
☐Money Order
☐Cheque: Payee Central Highlands Rural Health

Please note: Effective 01/10/28, CHRH will no longer accept cheques.

Do you have any specific requests regarding your donation?

For a full list of services please visit www.chrh.org.au/all-services/ or call 0439 705 039 to discuss your request.

☐ General donation to Central Highlands Rural Health (to be used in area of greatest need) **OR**
☐ Select a campus: ☐ Clunes ☐ Creswick ☐ Daylesford ☐ Kyneton ☐ Trentham
☐ OPTIONAL: Service, project or area that you would like to support (please list)

_____

_____

What prompted you to donate? (We'd love to hear about your connection to our health service)

_____

_____

☐ I would like to opt-out from receiving news, events and fundraising updates from Central Highlands Rural Health

Form completed by: _____

Signature: _____ Date: _____

INTERNAL USE ONLY
Donation taken by: _____ Campus: _____
Receipt Issued and Entered by: _____ Date: _____
Donation/Fundraising **BENDIGO Bank Branch**: _____ Date Deposited: _____
Cost Centre: **Y4002** Account Code: **58201**
☐ Copy of form sent to the Engagement & Fundraising Manager via giving@chrh.org.au
☐ Donation via mobile payment transferred to the nominated site's bank account

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CREDIT CARD PAYMENTS ONLY:

Cardholder Name: _____ Card Number: _____

Card type: Visa / Master Card / Other: Expiry: _____ CCV: _____

Amount: _____ Signature: _____

NOTE: Credit card details MUST be destroyed once transaction is complete