Donation Form – Items, Vouchers & Equipment

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"

Donation Details:

Value of Items (if known): $ _____

Item/s Description:

- ☐ _____ Qty: _____
- ☐ _____ Qty: _____
- ☐ _____ Qty: _____
- ☐ _____ Qty: _____

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