

## Annual Appeal Donation Form

### Annual Appeal 2022

**Yes** I'm happy to help GORH by making a donation of

\$150    \$250    \$750    \$1000    \$50   \$ \_\_\_\_\_

### Personal Details

**NAME**      Title \_\_\_\_\_ First name \_\_\_\_\_ Surname \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**PHONE**      Home \_\_\_\_\_ Business \_\_\_\_\_

Mobile \_\_\_\_\_

**EMAIL** \_\_\_\_\_

### Fund Choice

Palliative Care    General Donation    Campus (if applicable) \_\_\_\_\_

### Payment Method

CHEQUE

CASH

CREDIT CARD -

Please charge my       MasterCard    Visa      the amount of \$ \_\_\_\_\_

Card Number      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiry Date \_\_\_\_ / \_\_\_\_

Name on card      \_\_\_\_\_

Signature      \_\_\_\_\_      Date \_\_ / \_\_ / \_\_

**Receipt to be**    Emailed  
                          Posted  
                          No Receipt required