

## Annual Appeal Donation Form

### Annual Appeal 2018

**Yes** I'm happy to help Lorne Community Hospital 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

Active Community Fund    Equipment Fund

### Payment Method

CHEQUE

CASH

CREDIT CARD -

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

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

Name on card      \_\_\_\_\_

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