

We are happy to support Lorne Community Hospital with a donation of;

- \$250 \$150 \$750
 \$1000 \$-----other

Payment Method

Online

Donations can be made online
www.lornecommunityhospital.com.au

Cheque

A cheque is enclosed. Please make cheques payable to Lorne Community Hospital Albert Street, Lorne 3232.

Credit Card

Please telephone details to 03 5289 4300 or fax 03 5289 2313

Please charge my Mastercard Visa

Card Number

----- / ----- / -----

Expiry Date

----- / -----

Name on card

Signature

In Person

Cash, cheque, credit card and eftpos donations can be made during office hours at the hospital's reception, Albert Street Lorne.



'Partnering for Healthy Communities'

Annual Appeal 2018
Keeping our Community Active



Thank you for your support

For further information on how you can support Lorne Community Hospital, please contact;

Katy Kennedy,
Fundraising Coordinator
P: 03 5289 4300
E: kkennedy.lorne@swarh.vic.gov.au
www.lornecommunityhospital.com.au

Donations over \$2 are tax deductible



Equipment & Facilities Fund

To provide great healthcare in our urgent care department, the clinical staff has requested the need for a portable resus monitor. The flexible bedside monitor meets changing patient acuity and care area needs, as well as maintains all monitoring functions during intra-hospital transport. This important life-saving equipment provides continuous patient monitoring every step of the way.

Active Community Fund

Keeping our community active is one of the Hospital's key goals. Research has proven that sedentary and low levels of exercise were significantly higher amongst people from regional and remote areas. Funds raised this year will go directly towards our 'active services', such as increasing community exercise classes/activities, education and our gymnasium expansion.



"We are passionate about empowering clients to take control of their health through education and exercise plans"

Campbell Craig LCH Exercise Physiologist

Please direct our donation to:

- Active Community Fund
- Equipment & Facilities Fund

Donation Form Personal Details

Name

.....

Name for receipt

.....

Address

.....

.....

.....

Phone

.....

Email

.....

- No receipt required
- Receipt to be emailed
- Receipt to be posted

Please turn over 