



Donation Form

Name:

Address:

Phone: (BH) (AH)

Mobile:

Email:

I WOULD LIKE TO MAKE A GIFT TO:

(please tick one only, if left blank, your gift will benefit the ERH Foundation)

- ERH Foundation—'the gift that keeps on giving'
- Rose Baker Wing—midwifery unit
- Camray Wing—medical unit
- Oncology Unit—including cancer support
- Palliative Care Unit
- Emergency Department
- Haemodialysis Unit
- Glanville Village Aged Care Service
- Community Rehabilitation Centre
- Primary Care
- Other (please specify) _____

<p>MEMORIAL GIFT</p> <p>I would like to make a gift in honour of:</p> <p>_____</p>

<p>CRADLE CLUB</p> <p>I would like to make a gift to celebrate the arrival of:</p> <p>_____</p>
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**Please charge my:
(please check/tick)**

- MasterCard Visa Amex Diners

Amount: \$

Expiry Date: /

Card Number: / / /

Signed

____/____/____
Date



Payment may be posted or delivered to:
Echuca Regional Health
Community Liaison Officer
9 – 27 Francis Street
Echuca VIC 3564

Fax: 03 5482 5478
Attention: Jane Reid