



Donation Form

Please accept my donation of the below amount to assist Cohuna District Hospital:

TOTAL AMOUNT: \$ _____ Receipt required: YES NO

PERSONAL DETAILS (not mandatory)

NAME Title _____ First _____ Last _____

ADDRESS _____

PHONE Home/Business _____ Mobile _____

EMAIL _____

DONATION USE: HOSPITAL AGED CARE

OTHER _____

WOULD YOU LIKE RECOGNITION IN THE ANNUAL REPORT : YES NO

PAYMENT DETAILS

Direct Deposit Cash enclosed Cheque enclosed

Bank: NAB

Name: CDH Operating Account

BSB: 083 001

Account: 749050341

Donor Signature: _____

COHUNA DISTRICT HOSPITAL THANK YOU FOR YOU KIND DONATION

Office Use Only

Capital Donations

Coded XO500 - 58228

Tagged:

Untagged:

Reception Signature:

Finance