



GOLD COAST HOSPITAL FOUNDATION

"Resourcing better health care for the community"



YES, I would like to make a special gift today in support of my community hospital!

Here is my single gift of \$50 \$100 \$200 \$500 \$1,000 or \$

I enclose my cheque/money order payable to: Gold Coast Hospital Foundation

OR

Please debit my VISA MasterCard

Credit Card #:

CVV/CVC #:

Expiry Date:

/

Name on card: _____ Signature: _____

Email: _____

I would like to make a regular monthly gift of:



BRONZE
\$25



SILVER
\$40



GOLD
\$60



PATRON
\$75



GUARDIAN
\$100

Please debit my VISA MasterCard

Credit Card #:

CVV/CVC #:

Expiry Date:

/

Name on card: _____ Signature: _____

Email: _____

You may change your account information, increase or decrease your monthly donation at any time by calling the Gold Coast Hospital Foundation on 07 5571 2150. A tax receipt detailing your monthly contributions will be sent to you at the end of each financial year.

Thank you for your generous support.

Please tick if you prefer not to receive further communication from Gold Coast Hospital Foundation or call us on 07 5571 2150.