



WAITAKI DISTRICT HEALTH SERVICES - DONATION FORM

Name: Mr/Mrs/Miss/Ms _____

Organisation (if applicable): _____

Address: _____

Telephone: _____

Email: _____

Would you be happy to receive Hospital newsletters twice a year? Yes / No (please circle)

Is there anything in particular you would like this donation to go towards: _____

CASH DONATIONS:

Donation received by (name of staff /volunteer) _____

Date received: _____

Amount: \$ _____

DIRECT DEPOSIT DONATIONS:

Bank: Westpac

Account Name: Waitaki District Health Services Limited

Account Number: 03-0937-0255088-000

Date banked: _____ (please put your name as a reference, and the word "donation" as the code)

CREDIT CARD DONATIONS

Credit Card Details: MasterCard / Visa / Other Card number: _____

Expiry Date: ____/____

Name on Card: _____

Signature: _____

Thank you for your donation. You will receive a tax rebateable receipt for any monetary donations within a month of the donation (Charity No: CC32325)

**Please email this completed donation form to donations@southerndhb.govt.nz or drop off to the front desk at Oamaru Hospital.