

## In Memoriam Donation Form

Name (Mr/ Mrs/ Ms/ Miss/ Other): _____
Address: _____
_____ Postcode: _____
Telephone: _____ Email: _____

### **Details of the family we can advise of your gift:**

(We send a letter to the family to notify them of your in-memoriam gift only, not the amount)

Name (Mr/ Mrs/ Ms/ Miss/ Other): _____
Address: _____
_____ Postcode: _____

Donation amount: \$ _____
Please find enclosed my <b>cheque / money order</b> made payable to Evergreen Life Care Limited [insert service site _____ ] <b>OR</b> please charge my credit card:
<b>Electronic Funds Transfer (EFT)</b>
BSB: _____ Account Name: _____
Account Number: _____ Signature: _____
<b>A receipt will be provided.</b>

I would like my gift to assist:
<input type="checkbox"/> Where my support is most needed; <b>OR</b>
<input type="checkbox"/> Particular Project (please specify)

<b>Thank you!</b> Your generosity will make a difference to the people we care for every day.	
<b>Please return your completed form by mail or fax to:</b>	
<b>Mail:</b> Evergreen Life Care Limited Yallambee Avenue Gosford West NSW 2250 Your details will remain confidential.	<b>Fax:</b> Fax: 02 4349 2399  Enquiries: Phone: 02 4349 2300

**Donations over \$2 to Evergreen Life Care are tax deductible**