



Mercy Health Foundation

Online Memorial Giving Form

I/we would like to make a gift in memory of:

Please accept my/our gift of:

\$55 \$100 \$250 \$500 \$1000 My/Our choice \$

Debited from my Amex MasterCard Visa

Card Number:

Card Holder's Name

Signature..... Expiry Date /

OR I/We enclose a cheque/money order (*payable to Mercy Health Foundation*)

Donations can also be made online at www.mercyhealthfoundation.com.au.

Please send my/our receipt to:

Title First name Surname

Address.....

Suburb State Postcode

Contact phone/s.....

Email address

Please note we only use your contact phone number in the event that we need to call you about your donation.

Please send acknowledgement of my/our gift to:

Title First name Surname

Address.....

Suburb State Postcode

Relationship to deceased.....

THANK YOU.

Your donation will be directed to the area of Mercy Health as indicated by the next-of-kin.
Donations over \$2 are tax deductible and all donations will be acknowledged and receipted.
Please return your coupon to Mercy Health Foundation, 678 Victoria Street Richmond Vic 3121.

Mercy Health Foundation respects your privacy and observes the provisions of the Privacy Act 2000. Your contact details will remain confidential. We communicate with our donors and supporters twice a year through our newsletter *Our People, Our Places*. We also conduct direct mail appeals in support of Mercy Health projects twice a year. You can opt out of these communications at any time by contacting the Foundation directly. If you indicate that you no longer wish to receive communications from us please be advised that we will not send you any direct solicitations for support. However, from time to time we may send 'unaddressed' mailings to selected postcodes. Tick here if you no longer wish to receive correspondence from Mercy Health Foundation.