

Thanks to your support we are able to care for terminally ill and bereaved people in the community who need our help the most. We know that our efforts are only possible because of the contributions we receive from generous donors like you, and we thank you again for believing in and supporting our service. Thank you!

Your Information

Dr Mr Mrs Ms Miss Other

First Name _____ Family Name _____

Address _____

Suburb _____ State _____ Postcode _____

Phone/s Home/Work: _____ Mobile: _____

Email _____

Donation Information

I (we) would like to add a tax-deductible donation of \$ _____

This donation is given in memory or towards the care of _____

Method of Payment

- My cheque, payable to Ipswich Hospice Care, is enclosed
- I have made a bank transfer to Ipswich Hospice BSB 638 070 Account 11475765
- I authorise a one-off charge to my credit card in the amount of \$ _____
- I authorise a recurring charge to my credit card in the amount of \$ _____
 once every _____ day(s) week(s) month(s) year(s)
 beginning on ____/____/____
 and ending after _____ payments **OR** continuing until advised by me

Credit Card Details

Credit Card Type Visa Mastercard

Name on Card: _____ Expiry: ____/____ CVV: _____

Number: _____|_____|_____|_____

Signature: _____

I would like more information about:

- Becoming a volunteer Leaving a gift to Ipswich Hospice Care in my Will
- Other ways I can support Ipswich Hospice Care

Thank you! Donations of \$2 or more are tax deductible and a receipt will be provided to you from Ipswich Hospice Care Incorporated ABN 63 563 946 327.