

YES! I will help Latrobe Regional Hospital care for my community

Simply complete the donation form below to make your donation to Latrobe Regional Hospital.

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**PERSONAL DETAILS**

Title: (*Mr, Mrs, Ms, Dr etc.*):

First Name:

Surname:

Company (*if applicable*):

Position (*if applicable*):

Address:

Town/Suburb:

State:

Postcode:

Telephone (*work*):

Telephone (*home*):

Latrobe Regional Hospital is a community-based charity and we respect your privacy.

I would like to receive further mailings (including Newsletters): **Yes**  **No**

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**DONATION DETAILS**

Donation Amount (please tick):  \$10  \$20  \$50  \$100  \$\_\_\_\_\_ (*your choice*)

Cheque (Made Payable to Latrobe Regional Hospital)

Credit Card:  Visa  MasterCard

Card Details:

Expiry Date:  /

Name on Card:

**ALL DONATIONS OVER \$2 ARE TAX DEDUCTIBLE**