

The Bays Healthcare Group
Caring for the Peninsula

My contact details (please print clearly)

Title: _____ First name: _____ Surname: _____
 Company: _____ Position: _____
 Mailing address: _____
 Suburb: _____ State: _____ Postcode: _____
 Email: _____ Phone (day): _____ Mobile: _____

My gift

I would like to make a single gift of: \$35 \$80 \$120 \$500 My choice \$ _____
 I would like to make a regular gift of: \$ _____ Monthly Quarterly Half yearly Yearly
 I would like my gift to be directed to: Where it is most needed Other: _____

Please send me information on

- How donations are making a difference to The Bays
- Regular giving to The Bays
- Leaving The Bays a gift in my will
- Volunteering at The Bays
- Membership at The Bays
- Gifts in Celebration to The Bays
- Fundraising for The Bays

Recognition

- I (we) wish to remain anonymous
- I (we) agree to be recognised. Please acknowledge as: _____

My payment details

Please invoice me

I would like to pay by: Cash Visa Mastercard Amex Cheque/Money Order*

*Please make payable to The Bays Healthcare Group

Credit Card Number: ____ / ____ / ____ Expiry Date: ____ / ____

Cardholder's name: _____ Cardholder's signature: _____

Donations of \$2 and over are tax deductible. Please allow seven business days to process your donation. A receipt will be sent by mail/email.

Thank you! Please send completed form to: The Bays Healthcare Group, PO Box 483 Mornington Vic 3931