DONATION FORM

Please return to PO Box 66, North Adelaide SA 5006

Donations of $2.00 or more are Tax Deductable

Helping Hand
AGED CARE

NAME (Mr/Mrs/Ms/Miss) .....

ADDRESS .....

..... P/C .....

If you wish to donate to a specific site or service, please tick below.

Residential Sites:

- ❑ Clare: Carinya
- ❑ Ingle Farm
- ❑ Jamestown: Belalie Lodge
- ❑ Mawson Lakes
- ❑ North Adelaide
- ❑ Parafield Gardens
- ❑ Port Pirie: Lealholme

❑ **Community Services**

_____

(specify service)

I/We enclose cash/cheque/money order for $ .....

OR please charge to my credit card

❑ Mastercard ❑ Visa

Name on card: .....

Expiry Date: ..... / ..... / .....

Signed (Cardholder): .....

OR phone your credit card donation to Helping Hand on **(08) 8366 5463**

Please send me information on remembering Helping Hand in my Will ❑

ADMIN USE ONLY Donor No: .....

Cheque/Money Ord Details: .....

Admin Receipt No: ..... Batch No: .....

General Ledger A/C No: ..... Date: .....

Comments