



ACHA Foundation

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Bedford Park SA 5042
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Email: foundation@acha.org.au
acha.org.au

Your gift to the ACHA Foundation will help to serve the future of our hospitals for generations to come.

I WISH TO SUPPORT:

- | | |
|--|--|
| <input type="checkbox"/> Ashford Hospital | <input type="checkbox"/> Flinders Private Hospital |
| <input type="checkbox"/> The Memorial Hospital | <input type="checkbox"/> General donation to ACHA |

PLEASE ACCEPT MY GIFT OF:

(Please circle or nominate amount)

\$50 \$100 \$250 \$500 Other amount: \$

- In memory of
- In support of ward / unit
- In celebration of

OR, I WANT TO MAKE A REGULAR MONTHLY DONATION BY CREDIT CARD OF:

\$30 \$50 Other amount \$ per month

MY PAYMENT DETAILS

- Cheque / money order (made payable to the ACHA Foundation)
- Please debit my: VISA MASTERCARD AMEX

Card No: Expiry Date: /

Cardholder's Name:

Cardholder's Signature:

Payments by credit card: Please fax to 08 8275 3772 or email to foundation@acha.org.au

Payments by cheque / money order: Please post to ACHA Foundation, 1 Flinders Drive, Bedford Park SA 5042

For payment by EFT: Please contact the ACHA Foundation on 08 8275 3587 or email to foundation@acha.org.au

PLEASE SEND MY DONATION TAX RECEIPT TO:

Given Name: Surname:

Address:

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Telephone: email:

- Please send me information about leaving a bequest to the ACHA Foundation in my will.

THANK YOU FOR YOUR SUPPORT