



# Donation Form

*Thank you for choosing to donate to Hunter New England Local Health District. Your support is appreciated and helps us provide treatment to thousands of people every year.*

Please complete this donation form and fax, mail or email to:

**Address:**  
Centralised Revenue Unit  
HNE Health  
Locked Bag 1  
Hunter Region Mail Centre  
NSW 2310

**Email:** HNELHD-centralisedbilling@hnehealth.nsw.gov.au  
Fax: 02 49853317

If you have questions about donating to HNE Health please phone the facility you wish to donate to or Strategic Relations and Communication Unit on 02 4985 5522

**Supporter's details**

**Name**

**Organisation**

**Address**

**Phone**

**Mobile**

**Email**

**Donation**

Please name the facility you would like to benefit from your donation

If applicable, please name the specific service or unit of that facility

Please accept my donation  
in memory of

Please accept my donation of:

\$20                      \$50                      \$100                      \$150                      \$200                      Other

**Donation Method**

**Cheque or money order**

Please find enclosed a **CHEQUE** or **MONEY ORDER** payable to Hunter New England Local Health District

**Credit card**

Please charge my **VISA/ MASTERCARD/ AMERICAN EXPRESS**

Card number

Expiry date

Cardholder name

CVC

Cardholder signature

**Electronic Funds Transfer**

Donations can be made by **ELECTRONIC FUNDS TRANSFER** to the bank account below. Please ensure you state in the reference that the money is a donation and for what facility - for example to donate to Tamworth Hospital the reference should be 'Donation Tamworth'. Please indicate in the section below if you would like to receive a receipt for your donation and remember to forward the donation form to the address listed above.

**Account name** - Hunter New England Local Health District  
**BSB** - 032-099    **Account number** - 520 642

**Reference** - Please include the word 'donation' and the name of the facility or service

**Receipt**

|   |        |         |
|---|--------|---------|
| All gifts over \$2 are tax deductible. Would you like to receive a receipt for your donation? | Yes    | No      |
| Would you like your receipt to be mailed or emailed?  | Mailed | Emailed |

*If you would like your receipt mailed or emailed to an address different to that listed above, please state mailing/email address below*