

## Make a Donation – In Memoriam

In memory of:

### 1. Your personal details for receipt

Title:

First Name:

Surname:

Company:

Address:

State:

Postcode:

Country (if outside Australia):

Phone:

Email:

### 2. Please indicate the amount you are donating:

\$

### 3. Payment details

**Credit Card**, please debit my:

VISA

Mastercard

Card number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Expiry: \_ \_ \_ \_

Name on Card:..... Signature:.....

**Cheque** payable to Eldercare is enclosed

### 4. Allocate this donation towards:

Capital works

Operating funds

Unspecified



**5. Contact details for next of kin** (so we can advise of your kind donation)

Title:	First Name:	
<hr/>		
Surname:		
<hr/>		
Company:		
<hr/>		
Address:		
<hr/>		
	State:	Postcode:

**6. Our address**

Please enclose this form with your donation and post to:

Eldercare Incorporated  
Reply Paid 84284  
FULLARTON SA 5063

Credit card donations can also be made by phone (08) 8291 1000 or fax (08) 8291 1098.

**Please send me information on making a gift in my will (bequest).**

*Donations to Eldercare Inc. over \$2 are tax-deductible.*

*Eldercare Inc. is endorsed as a Deductible Gift Recipient and Public Benevolent Institution.*

**Thank you for your contribution.**