



Southern Cross Care (Vic) Donation Form

Your details:

Donor Number (if known): _____
 Title: Ms, Miss, Mrs, Mr, Dr, Other _____ please specify
 First name: _____ Surname: _____
 Address: _____
 Suburb: _____ State: _____ Postcode: _____
 Phone (BH): _____ Phone (AH): _____
 Mobile: _____ Email: _____

Service or facility I would like to support (optional):

I would like my donation to go to the following facility/location:

- | | |
|---|---|
| <input type="checkbox"/> Ave Maria Village, Shepparton | <input type="checkbox"/> CACP Barwon/South West region |
| <input type="checkbox"/> Cardinal Knox Village, Dandenong | <input type="checkbox"/> CACP Eastern region |
| <input type="checkbox"/> Casa Elda Vaccari, North Fitzroy | <input type="checkbox"/> CACP Gippsland region |
| <input type="checkbox"/> John H Kerr Centre, Newport | <input type="checkbox"/> CACP Grampians region |
| <input type="checkbox"/> Macleod Village | <input type="checkbox"/> CACP Southern region
(including Mornington) |
| <input type="checkbox"/> Terry Barker Nursing Home, Macleod | <input type="checkbox"/> Home care services |
| <input type="checkbox"/> Southern Cross Care Lynbrook | <input type="checkbox"/> Independent Living Units |
| <input type="checkbox"/> Springvale Residential Centre | |
| <input type="checkbox"/> Templestowe Pioneers Village | |

I would like to donate:

\$25 \$50 \$100 \$200 Or the amount of \$_____ (please specify)

* All donations of \$2 and over are tax deductible; please indicate if you would like a receipt.

Please provide me with a tax receipt for my donation.

Payment details:

Credit Card type:

Visa MasterCard

Card number:

Expiry date: /

Name on card: _____

Signature: _____

Or please find a cheque/money order enclosed for: \$_____

Please send me information on the following Southern Cross Care (Vic) services:

- | | |
|---|---|
| <input type="checkbox"/> Caring Under the Southern Cross (General information on SCC (Vic)) | <input type="checkbox"/> Retirement Living |
| <input type="checkbox"/> Residential Services | <input type="checkbox"/> Bedford Heights Estate |
| <input type="checkbox"/> Day Respite Program | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Donations and Bequests |
| <input type="checkbox"/> Community Aged Care Packages | <input type="checkbox"/> SCC (Vic) 2006-2007 Annual Report |
| <input type="checkbox"/> Extended Aged Care at Home | <input type="checkbox"/> SCC (Vic) newsletter |
| <input type="checkbox"/> Make Caring your Career | <input type="checkbox"/> The History of Southern Cross Care (Vic) |

Please post this form to: Marketing Department, Southern Cross Care (Vic), PO Box 298, Oakleigh VIC 3166 or fax it to: **(03) 8564 1880.**

Thank you for your support