



PORTLAND
DISTRICT HEALTH

Our Community, Your Health Service

How to make your donation:

All donations of \$2.00 or more are tax deductible.

I would like my donation to go to _____ department.

By Post:

I enclose my cheque / money order payable to Portland District Health

Or Please debit my:

Visa Mastercard

Card No:

Name on Card _____ Expiry / Signature _____.

Once complete please forward to:

Portland District Health,

Bentinck Street,

Portland, Vic., 3305

Or In Person:

Main reception, Portland District Health, Bentinck Street, Portland, Vic, 3305.

If you require a tax receipt please fill in your name/address:

Name _____

Address: _____ P/Code _____

Please acknowledge my donation to the Next of Kin (for privacy we do not disclose the amount of your donation):

Name _____

Address: _____ P/Code _____