

***I wish to support the FRIENDS OF MOTUEKA HOSPITAL TRUST with my donation of***

\$10     \$20     \$50     \$100    or  \$.....

My Name
My Address
A receipt for tax purposes will be issued for all gifts over \$5.00
Friends of Motueka Hospital Trust PO Box 37 Motueka, 7143

- I wish the Trust to contact me regarding my donation
- My cheque is enclosed (payable to the Friends of Motueka Hospital Trust or FOMHT)
- I wish to set up an automatic payment and wish the Trust to contact me regarding this
- I wish to pay by credit card

**Visa / Mastercard / Amex / Diners**

Card Expiry Date:

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Name on Card:	Signature:
---------------	------------

- I am happy to have my donation publically acknowledged      Yes / No
- Please send me information on making a bequest              Yes / No