Friends of Motueka Hospital Trust

DONATION WITH A PROMISSORY NOTE

…… supports the Friends of Motueka Hospital Trust with a donation as follows:

1st payment of	$	cheque attached / credit card details below
2nd payment of	$	to be paid on or by / /
3rd payment of	$	to be paid on or by / /
Total donation is	$	

I/we are happy to have this donation publicly acknowledged Yes / No

CREDIT CARD DETAILS

Mastercard / Visa / Diners / AMEX Expiry Date

SIGNATURE: ……..… DATE / /

PLEASE SEND TAX RECEIPT TO:

PRINT NAME: ……..…
(Same as on credit card if donating by credit card)

ADDRESS: ….……..…….

……...

……...

Ph (03) 528 8760
Fax (03) 528 8762
Email info@fomht.org.nz
Web www.fomht.org.nz
PO Box 37
Motueka 7143