

GIFT IN REMEMBRANCE FORM

A letter with a receipt will be sent to you in the mail and a sympathy card will be sent to the next of kin advising them of your donation. The amount of your gift will remain strictly confidential

Please print this form, complete your details and send to:

Warrina Innisfail 1 Warrina Street Innisfail QLD 4860

Phone: (07) 40302500 Fax: (07) 40617223

www.warrinainnisfail.com.au

adm@warrina.com

In Memory of:

Mr / Ms / Mrs / Dr

First name

Surname

Your Details:

Mr / Ms / Mrs / Dr _____

First name

Surname

Job Title (if applicable) _____

Company (if applicable) _____

Address: _____ State: _____ PostCode: _____

Phone number: _____

E-mail: _____

In Honour of (a letter acknowledging your donation will be sent to):

Mr / Ms / Mrs / Dr _____

First name

Surname

Address _____

Suburb

State

Postcode

On the occasion of _____

Eg. Birthday, anniversary, wedding, engagement

MONEY DONATED GOES DIRECTLY TO WARRINA INNISFAIL and is tax deductible.

Payment Details: (please do not enclose cash)

OPTION ONE: Please accept my (please tick)

Single Monthly Quarterly donation of: \$ _____

OPTION TWO: My cheque/money order is enclosed (payable to Warrina Innisfail)

OPTION THREE: Please direct debit the amount to our nominated Account:

BSB: 633-000

Account Number: 121955256

Account Name: Warrina Innisfail

Reference: Surname and first initial of first name.

Thank you for your kind Donation – All donations are greatly appreciated.