

SECTION 1: Personal Details

Please support ANHF to deliver quality and culturally competent aged care to our community. 请支持澳華療養院基金為社區提供高質素及合乎文化的高齡護理服務。																						
Title 稱謂] Mr 先生	生 I Mrs 太太					☐ Ms 女士						☐ Miss 小姐									
Family Name 姓氏	[
First Name 名																						
Second Name																						
Home Address 住址																						
	State / Territory 州	Select y	your	state								Post Code 郵政區號										
Phone Number 電話號碼	()						Mobile Number 手機號碼															
SECTION 2: Donation Details																						
Donation of \$2 and over is tax 凡捐款元或以上可扣稅。 I would like to make a donation o Payment Type		e type he	ere																			
Electronic Funds Transfer	TO: Australian Nu	TO: Australian Nursing Home Foundation (BSB 082-201, Account Number 580-328-001)																				
Please debit this card	Master Card	🗌 Visa				Other: Please type here																
	Name on Card																					
	Card No.					-				-						-						
	Expiry Date			/																		
	Signature																					
Cheque	In the amount of S	\$ Please	type	e here	, p	bayat	le to Au	strali	an N	ursi	ing	Hon	ne I	Fou	ndat	ion						
Money Order	In the amount of S	In the amount of \$ Please type here, payable to Australian Nursing Home Foundation																				

SECTION 3: Request for Information

□ Please send me details on making a gift to the Foundation in my Will. 我計劃在遺屬上對基金會作出饋贈, 請將有關詳情寄給我。

Please return this form to Australian Nursing Home Foundation, 60 Weldon St, Burwood NSW 2134.