



ANHF
澳華養老

NAMING RIGHTS APPEAL 命名捐贈計劃



ANHF THORNLEIGH NURSING HOME
澳華療養院基金芳寧療養院

3 Hillmont Ave Thornleigh NSW 2120





Naming Rights Details 命名 / 捐款回條

<input type="checkbox"/>	1. Each Room 每個房間	\$20,000 ea.
<input type="checkbox"/>	2. Gymnasium (1/F) 健身房	\$30,000
<input type="checkbox"/>	3. Salon (LG) 髮廊	\$30,000
<input type="checkbox"/>	4. Dedicated Place for Buddhists (1/F) 禪修閣	\$30,000
<input type="checkbox"/>	5. Prayer Corner (1/F) 祈禱閣	\$30,000
<input type="checkbox"/>	6. Facility Manager Office (1/F) 院長辦公室	\$30,000
<input type="checkbox"/>	7. Care Manager Office (G/F) 副院長辦公室	\$30,000
<input type="checkbox"/>	8. Nursing Station (G/F) 護士室	\$30,000
<input type="checkbox"/>	9. Nursing Station (1/F) 護士室	\$30,000
<input type="checkbox"/>	10. Lift Lobby (G/F) 升降機大堂	\$30,000
<input type="checkbox"/>	11. Lift Lobby (1/F) 升降機大堂	\$30,000
<input type="checkbox"/>	12. Thornleigh Lift Lobby (LG) 芳寧大堂	\$50,000
<input type="checkbox"/>	13. Legacy Hall (LG) 銀菊廳	\$50,000
<input type="checkbox"/>	14. Orchid Dinning Hall (G/F) 蘭苑餐廳	\$50,000
<input type="checkbox"/>	15. Orchid Social Lounge (G/F) 蘭苑聯誼廳	\$50,000
<input type="checkbox"/>	16. Bamboo Social Lounge (G/F) 竹苑聯誼廳	\$50,000
<input type="checkbox"/>	17. Bamboo Activity Lounge (G/F) 竹苑活動室	\$50,000
<input type="checkbox"/>	18. Library (G/F) 圖書館	\$50,000
<input type="checkbox"/>	19. Board Meeting Room (1/F) 會議室	\$50,000
<input type="checkbox"/>	20. Plum Blossom Activity Room (1/F) 梅苑活動室	\$60,000
<input type="checkbox"/>	21. Orchid Activity Room (G/F) 蘭苑活動室	\$60,000
<input type="checkbox"/>	22. Central Courtyard (G/F) 中央庭園	\$100,000
<input type="checkbox"/>	23. The Garden of Joy (G/F) 頤趣園	\$100,000
<input type="checkbox"/>	24. Chrysanthemum Dinning Hall (G/F) 菊苑餐廳	\$100,000
<input type="checkbox"/>	25. Bamboo Dinning Hall (G/F) 竹苑餐廳	\$100,000

Yes, I'd like to support the quality care of ANHF's Thornleigh Nursing Home by making a donation and naming a section of the facility:
是的，我想通過捐款來支持澳華療養院基金的芳寧療養院的修葺維護，並命名設施的一部分。

Mr 先生 <input type="checkbox"/>	Mrs 太太 <input type="checkbox"/>	Family Name <input type="text"/>	First Name <input type="text"/>
Ms 女士 <input type="checkbox"/>	Miss 小姐 <input type="checkbox"/>	姓氏 <input type="text"/>	名字 <input type="text"/>
Address <input type="text"/>	Suburb <input type="text"/>		
地址 <input type="text"/>	地區 <input type="text"/>		
State/ Territory <input type="text"/>	Post Code <input type="text"/>	Phone <input type="text"/>	Mobile <input type="text"/>
州 <input type="text"/>	郵區號碼 <input type="text"/>	電話號碼 <input type="text"/>	手機號碼 <input type="text"/>

Donation of \$2 or over is tax deductible. 凡捐款\$2或以上可扣稅。

Payment Type

- ☐ Electronic Funds Transfer
☐ Please debit this card

TO: Australian Nursing Home Foundation Ltd (BSB 082-201, Account No: 580-328-001)

☐ Mastercard ☐ Visa ☐ Other:

Name on Card

Card No.

Expiry Date

Signature

Receipt to be issued to:

Nominated Name: