



I want to become part of the team .....  
**LOCAL PEOPLE HELPING LOCAL PATIENTS**

Please sign me up as a:

**\$1500 and above**  
Cash or in-kind donations  
Platinum

**\$500 - \$1500**  
Cash or in-kind donations  
Gold

**\$300 membership (annually)**  
Silver

**\$150 membership (annually)**  
Bronze

**Foundation Friend**  
\$50 membership (annually)

Donations over \$2 are tax deductible.

Name:.....

Address: .....

..... Postcode:.....

Telephone:..... Mobile:.....

Email: .....

### PAYMENT OPTIONS

Cheque/Postal Order: Payable to Bundaberg Health Services Foundation

Credit Card:

Visa  Mastercard  Amex  Diners

Number:.....

Expiry Date: ..... /.....

Cardholder's Name:.....

Cardholder's Signature:.....

### FURTHER INFORMATION

Please put me on your mailing list

Please contact me about leaving a bequest in my will

Please return this form by Post to:  
Bundaberg Health Services Foundation  
PO Box 34  
Bundaberg Hospital  
BUNDABERG QLD 4670