Peninsula Hospice Service
HOME-BASED PALLIATIVE CARE IN YOUR COMMUNITY

# PHS DONATION SLIP

## THANK YOU

*Yes, I would like to help those living at home with a terminal illness and enclose a donation for $*_____

Payment type (please tick) ☐ Cheque ☐ Money Order

Alternatively, please debit my credit card (please tick which type of card) ☐ Visa ☐ Mastercard

Name on card _____ Expiry Date _____ Signature _____

Number | | | | | | | | | | | | | | | | |

Please send my receipt to:

Name _____ Address _____

Tel _____ Email: _____

***Please post this form*** *to Peninsula Hospice Service, PO Box 759 Frankston 3199.*

You can also choose to make secure credit card donations via our website at www.peninsulahospice.com.au or phone 9783 6177 and we can take your donation over the phone.