



IN MEMORIAM DONATION FORM

Please accept my gift in loving memory of: _____

Your Details:

Name/Mr/Mrs/Ms/Miss/Other) : _____

Address: _____

_____ Postcode: _____

Telephone: _____ Email: _____

Details of the family we can advise of your gift:

(We send a letter to the family to notify them of your in-memoriam gift only, not the amount)

Name/Mr/Mrs/Ms/Miss/Other) : _____

Address: _____

_____ Postcode: _____

Donation amount: \$ _____

Please find enclosed my cheque / money order made payable to Calvary Retirement Community of my choice **OR** please charge my credit card:

Cessnock Ryde Canberra

Visa Master Card

Card Number

Name on card: _____

Expiry date: _____ Signature: _____

A receipt will be provided.

I would like my gift to assist:

Where my support is most needed; **OR**

Particular Project (please specify) _____

Thank you! Your generosity will make a difference to the people we care for every day.

Please return your completed form by mail or fax to:

Mail:

Calvary Retirement Community Cessnock
Private Bag 1002
Cessnock NSW 2325
Your details will remain confidential.

Fax:

Fax 02 4993 9106

Enquiries: Phone: 02 4993 9000

Donations over \$2 to Calvary Retirement Community Cessnock are tax deductible.