



# REDCLIFFE HOSPITAL FOUNDATION

## In Memoriam Form

Please accept my donation of \$ \_\_\_\_\_ in memory of the late

\_\_\_\_\_  
(Please insert First & Last Name)

### Donation Received From:

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

A letter notifying the family of your generosity will be sent, however the amount of your contribution will not be disclosed.

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Your receipt will be forwarded via post and is tax deductible.**

Your gift will be used to promote a *healthier* community by supporting Research, Education, Community Partnerships & Resources in the Redcliffe Caboolture, Kilcoy Hospitals and North Lakes Health District.

Send form to:  
**Redcliffe Hospital Foundation**  
Reply Paid 83098, Redcliffe Qld 4020

(Cheques should be made payable to Redcliffe Hospital Foundation)