



**TIMBOON**  
AND DISTRICT  
**HEALTHCARE**  
SERVICE

# ANNUAL EQUIPMENT APPEAL

## 2018

Name: Mr, Mrs, Miss, Ms .....

Address: .....

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Donation: ..... Date: .....

Donation type ☐ Cash ☐ Cheque ☐ Direct Deposit

To donate via direct deposit use BSB 083-928 A/c 516 067871 (use 'Appeal' & 1st 3 letters of surname as reference)

**Note: Full name and address would be appreciated to enable us to forward a receipt to you, please return in reply paid envelope provided.** All donations of \$2.00 and over are tax deductible.

21 Hospital Road  
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[www.timboonhealthcare.com.au](http://www.timboonhealthcare.com.au)