



CANTERBURY CHARITY HOSPITAL TRUST

YES!

I would like to support the Canterbury Charity Hospital
to help Cantabrians in need.

OR donate online at
www.charityhospital.org.nz

MY DETAILS

FIRST

SURNAME

NO / STREET

SUBURB

TOWN / CITY

POST CODE

TELEPHONE

EMAIL

I am paying by: ☐ **Cheque enclosed** (payable to Canterbury Charity Hospital Trust)

(please circle)

Visa

Mastercard

Card number

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Expiry date

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Name on card

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Signature

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☐ Please send me information about
including The Canterbury Charity
Hospital Trust in my Will.

☐ I would like to make a regular gift by
automatic payments.

☐ Please do not add me to
your mailing list or include
me in acknowledgements.

**Donations of \$5 or greater may
qualify for a tax rebate - an official
receipt will be issued.**

Please find enclosed my gift of: (please circle) **\$200** **\$100** **\$50** **\$20** **Other \$**

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Please complete this form and post to the Canterbury Charity Hospital Trust,
PO Box 20409, Bishopdale, Christchurch 8543.

**All donations help us
to help Cantabrians in need.**