Leave a gift in memory of a loved

Donating to Thorne Harbour Health in memory of a loved one is a meaningful way to celebrate and commemorate their life. Your donation is a tribute that will assist us in funding our important work, supporting people living with or affected by HIV.

| Please find my enclosed gift of: \$ | Please complete this form and post to the address at the bottom of this page |
|--|---|
| Name of the deceased: | |
| Yes, I would like a receipt mailed to m | your receipt will be mailed to the postal address provided below. (Donations \$2 and over are tax deductible.) VAC ABN 52 907 644 835 |
| Name:(Title) (First name) | (Surname) |
| Postal Address: | |
| | State: Postcode: |
| | Mobile: |
| My cheque/money order is enclosed, ma | nde payable to Thorne Harbour Health and marked Not Negotiable. |
| Please charge my credit card: | |
| ☐ Visa ☐ Mastercard | ☐ American Express |
| Card Number: | Expiry: |
| Signature: | |
| Please provide the name and contact details of donation has been made in memory of their far | the deceased person's next of kin so that we can let them know a mily member or friend. |
| Name:(Title) (First name) | (Surname) |
| Postal Address: | |
| Suburb: | State: Postcode: |
| Phone-Home: | Mobile: |
| All personal information held by us will be ken | t confidential |

All personal information held by us will be kept confidential.