

## Here's my donation

I enclose a donation for \$ \_\_\_\_\_

Name: (Mr, Mrs, Ms, Miss)
First name: _____
Family name: _____
Address: _____ _____
Phone number: _____

***We are most grateful for all donations. These help us to provide for terminally ill patients and their families in our community.***

### **Please contact me, I would like to:**

- Make a regular contribution by automatic payment
- Become a member of Waipuna Hospice  
**\$20** Individual **\$30** joint **\$100** club/business/organisation
- Request a guest speaker from Waipuna Hospice for a forthcoming meeting
- Become a Volunteer
- Receive further information about the services provided by Waipuna Hospice

### **Please post to:**

Waipuna Hospice, 43 Te Puna Station Road, RD 6, Tauranga 3176