

Direct Deposit Donation form

I would like to make a donation to Bairnsdale Regional Health Service and request an acknowledgement to be sent to:

Name: _____

Email/postal address: _____

My donation of \$ _____ provided via bank transfer to:

Bairnsdale Regional Health Service

BSB: 083519

Acc Number: 515648682

add description "Donation, ward/dept/general and your name" and please notify BRHS by emailing bookkeeper@brhs.com.au

My donation is to Bairnsdale Regional Health Service ward / department or general:

Please send my receipt to:

c/o my email / postal address: _____

**Bairnsdale Regional Health Service thanks you kindly for
your generosity. Your donation helps us care for our
community.**

FOR MORE INFORMATION

Susan Wharfe

Volunteer & Donation Coordinator

51503346

volunteers@brhs.com.au

Your Health,
Our Priority