

Make a Donation - Credit Card Payment Form

PERSONAL DETAILS

Title	<input type="text"/>	First name	<input type="text"/>	Last name	<input type="text"/>
Email Address	<input type="text"/>				
Mobile Phone Number	<input type="text"/>	Telephone Number	<input type="text"/>		
Address	<input type="text"/>				
Address	<input type="text"/>				
Suburb / City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Your date of birth	<input type="text"/>	(DD/MM/YY)			

DONATION

How much would you like to donate*: \$ * MLHD will ensure the full amount of your donation goes towards its intended purpose

Select **when** to donate:

- ☐ One off donation
- ☐ Regular giving weekly donation starting from: (DD/MM/YY)
- monthly donation starting from: (DD/MM/YY)
- Other (please specify)
- ☐ In memory gift (*an MLHD representative will contact you to discuss arrangements*)

Select how your donation will be used:

- ☐ Sponsor a scholarship
- ☐ Health Services Staff Training & Development
- ☐ Equipment & Resources
- ☐ Community Awareness & Education Programs
- ☐ Let MLHD Board choose for me

What location / region would you like to contribute to:

PAYMENT

Credit card type	<input type="text"/>
Credit card number	<input type="text"/>
Expiry Date	<input type="text"/> (DD/MM/YY)
Credit card security number	<input type="text"/>

Privacy

MLHD values your privacy. At MLHD, we recognise the importance of your privacy and safeguarding your personal information. For more details, please read our [Privacy Policy](#). By providing your email address or mobile phone number you are agreeing that MLHD can use it to keep you informed about future activities and events.

MLHD would like to keep you informed about our vital work from time to time via email or SMS. This also reduces administration costs. Please tick the box if you do not wish to receive information.

☐ Do not email ☐ Do not SMS



Health
Murrumbidgee
Local Health District