

Australia's First Heart Hospital Pledge Form

I/we understand that MonashHeart, Monash Health intends to establish Australia's first dedicated Heart Hospital. I/we have been briefed on this project and fully support the vision. I/we understand that my gift will help make this vision a reality. I/we wish to support this project financially and hereby agree to provide a financial donation. I/we understand that my/our donation will solely be used for the Heart Hospital project, unless I/we otherwise authorise.

Donor Details (please print clearly)			
Title First name:	Last name:		
Company*:	Position*:		
Mailing address:			
Suburb:	State:	Postcode:	
Email:			
Mobile/Telephone:	Birthday: _		
Pledge Information			
I/we hereby pledge a total contribution of	f\$	·	
I/we agree to pay the funds to MonashHe	art, Monash Health	or its nominee as agreed	
First component as an initial cash donat	ion of \$		
▼ 50% of the remainder to be paid when	funding for the Hea	rt Hospital is confirmed and	
Last remaining 50% when the Heart Hos	spital construction of	contract is signed.	
Donor Recognition (all donors will be re	ecognised in Monash Heart F	dospital campaign materials unless they wish to remain anonymous)	
I (we) wish to remain anonymous			
☐ This gift is in honour/memory of:		Relationship:	
I (we) agree to be recognised. Name/	's to be used in ackr	nowledgments:	
** Further notes/requests can be docume	ented on the rear of	this form.	
Donor's Signature			
	Date:_	/ /	

Thank you for your commitment to building Australia's first Heart Hospital

Donations of \$2 and over are tax deductible.

Please send completed form to:

Anne Mennen, Director of Development, Monash Heart Hospital, MonashHeart Locked Bag 29 CLAYTON SOUTH VIC 3169. PH: (03) 9594 4782 Fax (03) 9594 2091 Email: anne.mennen@monashhealth.org*If applicable



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Notes/Special Requests		

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