

# I WOULD LIKE TO HELP BUILD A **HEALTHY** COMMUNITY

**MAIL TO:** Corporate and Community Relations,  
Peninsula Health, PO Box 52, Frankston 3199

**CONTACT:** P 03 9784 7777 E [corporate.relations@phcn.vic.gov.au](mailto:corporate.relations@phcn.vic.gov.au)

Names/s \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Email \_\_\_\_\_ DOB (optional) \_\_\_\_\_

I enclose a gift of  \$50  \$100  \$200  \$ \_\_\_\_\_ (gift of your choice)

Debited from my  Visa  Mastercard **OR**  I have enclosed a cheque/money order (Payable to Peninsula Health).

Card No.                 CCV No.    Expiry date   /

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Please send me more information  
about leaving a lasting gift to my  
community in my Will

Please send me more information  
about supporting my community  
with a regular monthly gift

**Peninsula Health thanks  
you for your support.**

Peninsula Health respects your privacy and observes the provisions of the Privacy Act 2001.  
Your details remain confidential. All donations over \$2 are tax deductible. ABN 52 892 860 159

Tick here if you do not wish to receive any further  
information from Peninsula Health