

## WHY JOIN?

Hospice Whanganui is partially funded for our operational costs and the balance we must find through fundraising.

One of the most powerful ways we can ensure that our services continue to flourish within our community is through your regular donations. Every year, we must seek out over one million dollars to keep our services running, and your contributions are essential in this quest.

We have an experienced professional team who ensure that patients and their loved ones are involved in all decisions made about their care and ensure individual needs are met.

Your contribution not only helps us pay for medications and equipment needed to fully support our families, but also contributes to securing the services of highly skilled and specialist staff. It also helps ensure these services to patients and families remain free of charge.

You can join 'Hospice Heroes' for as long or as short as you like. We are deeply appreciative of all contributions. We also recognise that circumstances do change and that people may need to review their membership from time to time.

## HOW TO JOIN:

If you would like to join Hospice Heroes, you can make contributions by completing the automatic payment form on the reverse and handing it to your bank. Alternatively, you may like to use the information contained overleaf to set up your own automatic payment using internet banking.

## IMPORTANT

When setting up your automatic payment, please call Hospice Accounts on (06) 349 00 80 or email [accounts@hospicewhanganui.org.nz](mailto:accounts@hospicewhanganui.org.nz)

We will need information on your intended membership to the "Hospice Heroes" such as name, address and phone number so we are able to reconcile your contributions. (Receipts are issued once a year in April, or on request, for tax purposes.)

### If you would like further information about:

- **Hospice Services**
- **Volunteering**
- **Other ways to become involved**

Please visit our website  
[www.hospicewhanganui.org.nz](http://www.hospicewhanganui.org.nz)  
or call us (06) 349 0080

Te Kahu Pairuri  
ki Whanganui



**hospice**  
Whanganui



# HOSPICE HEROES

BECOMING A REGULAR DONOR

YES! I want to join Hospice Heroes to make a regular contribution to support Hospice Whanganui.  
Please complete this form and take to your bank to start your regular donation, or use the details to set up on automatic payment through online banking.

Thank you for your contribution

## PAYER DETAILS

|  |
|--|
| Name of Bank                             |
| Branch                                   |
| Address                                  |
| Name /s of Account Holder/s              |
| On behalf of: (Name if other than Payer) |

## ACCOUNT DETAILS

[illegible]

Details to appear on my/our Bank Statement:

[illegible]

Code

|   |   |   |   |   |   |   |  |   |   |   |   |   |   |
|---|---|---|---|---|---|---|--|---|---|---|---|---|---|
| H | O | S | P | I | C | E |  | H | E | R | O | E | S |
|---|---|---|---|---|---|---|--|---|---|---|---|---|---|

## References

## FREQUENCY AND AMOUNT

First Payment Date  
..... / ..... / .....

First Payment Date  
..... / ..... / .....Last Payment Date  
..... / ..... / .....Last Payment Date  
..... / ..... / .....

Until further notice  
Tick .....

il further

Tick .....

Weekly  
Tick .....

Weekly  
Tick .....

Fortnightly  
Tick .....

ur nightly  
ck .....

Monthly  
Tick .....

Monthly  
Tick .....

Specify other  
Tick .....

Specify other  
check .....

Complete if applicable (tick one box only)

| Fixed amount \$ ..... | Amount in words: |
|-----------------------|------------------|
|                       |                  |

Amount in words:

## PAYEE DETAILS

Name of Account

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| H | O | S | P | I | C | E | W | H | A | N | G | A | N | U | I |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Details to appear on Hospice Bank Statement:  
Particulars

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| H | O | S | P | I | C | E |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |

Code

[illegible]

Reference: use your name as reference

[illegible]

## AUTHORISATION

Name of account/customer  
to complete: .....

- 1: Please make this automatic payment as detailed by debiting my/our account.
- 2: I/We understand and accept that the Bank accepts this authority.

Customer's Signature: ..... Ph: ..... Date: .....

Customer's Signature: ..... Ph: ..... Date: .....