

CALADENIA DEMENTIA CARE

Thank you for your generous donation.

Please send your donation to:

Caladenia Dementia Care
PO BOX 685
LILYDALE VIC 3140

Phone: 03 9727 2222

Online Donations: www.caladenia.com.au

CONTACT DETAILS:

Name _____

Address: _____

Suburb: _____ Postal Code _____

Phone Number: _____ email: _____

DONATIONS: Thank You!

Yes I enclose my donation for a total of: \$ _____

Yes I am happy for my name to be published as a donor in the Annual Report.

FURTHER INFORMATION:

I would like to receive further information about the Caladenia Dementia Care:

Yes **Financial Member**, I would like to become a financial member.

Yes **Caladenia Information Kit**, I would like to receive the Caladenia Information Kit.

I would like to learn how I can further help Caladenia Dementia Care:

Yes **Volunteering**, I would like to learn about becoming a volunteer.

Yes **In Memoriam Donations**, I would like to learn about nominating the centre to receive In Memoriam donations at my funeral in lieu of flowers.

Yes **Bequests**, I would like to learn about leaving a lasting legacy.

PAYMENT DETAILS:

Cheque or Money Orders

Please make payable to: **Caladenia Dementia Care Inc.**

Credit Card and Online Donations:

We are pleased to announce we have a new secure Online Donation service for Credit Card donations. **Please go to our website www.caladenia.com.au.**

Receipts:

All donations over \$2.00 are tax deductible and a receipt will be issued.