## Donate to our Additional Nursing Hours appeal

to help us provide a dedicated nurse for a patient in need.

## **MY/OUR DETAILS**

Please complete:	
Address	
Email	Phone

Yes, I/we will give a gift today to provide additional nursing hours for patients in need.

TO DONATE Go to our website marypotter.org.au/ nurses	OR	scan this QR code		OR	use this form a return it in the envelope provi	2
My/our gift of \$	My/our g	gift is in mer	nory of			
Relationship to me/us						
🔿 Cheque payable to The Mary	7 Potter Fo	oundation	⊖Visa ⊖I	Mastercard		
Card No / /	/	/	/	Expir	y Date /	
Name on Card			0	ax deductible. A	All donations will be r	eceipted
○ I no longer wish to receive do requests from The Mary Pot		ation.	Thank y	0 <i>u</i> in adva	nce for your suj	pport.
The Mary Potter			Strangways Tce,		le 5006 <b>P</b> • 08 8239 0119	٤

Ine Mary PotterPO Box 2003, North Adelaide SA 5006Foundation IncE: reception@marypotter.org.au

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