

# Benalla

HEALTH

*Thank you  
for your  
continued  
support*

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HEALTH

## 2016 ANNUAL APPEAL

Dear Community Member,

I am launching the Benalla Health 2016 Annual Appeal which is our major fund-raising activity for the year.

Our previous Appeals have provided significant contributions towards the purchase of equipment such as, the patient monitoring systems, defibrillators, a community bus, upgrade and refurbishment of our Urgent Care Centre, refurbishment of the Morrie Evans Wing (MEW), a new birthing bed for our Midwifery Unit and last year an instrument washer for Theatre.

This year, the fund-raising project is directed towards redeveloping the A L Berry Centre to create a new Community Rehabilitation Centre. Benalla Health will utilise the new facility for Cardiac, Pulmonary and Orthopaedic Rehabilitation, as well as Balance, Strength and Endurance Groups. As there is currently limited space available for new equipment, a more up-to-date and refurbished centre would ensure our quality rehabilitation services will continue to meet the future needs of our community.

The Benalla community has a long and proud tradition of supporting its health service, ensuring it has the most up-to-date equipment and services. We understand it is difficult for many in the community to support all Appeals, however for those who are able, our Annual Appeal provides an opportunity to contribute to the on-going success of your local health service.

Donations of \$2.00 or more are tax deductible.

Thank you for considering our 2016 Appeal.

Kind Regards,

Brendan Smith  
CHAIRMAN

Please find enclosed my donation to the 2016 ANNUAL APPEAL. This donation is for the creation of a Community Rehabilitation Centre

Amount of donation \$ .....

Donations of \$2.00 or more are tax deductible.

If a receipt is required, please provide your name and address:

Receipt required:

YES

NO

Name: .....

Address: .....

Please complete below details for donations by Credit Card:

Type of card (please tick):  Mastercard  Visa

Amount \$

Credit Card No:

Expiry Date:  /

Cardholder's Name:

Cardholder's Signature:

P.O. Box 406, Benalla 3671

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