

Benalla

HEALTH

2019 ANNUAL APPEAL

Dear fellow community member,
I would like to thank you for your ongoing support of our Annual Appeal.

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, a new birthing bed for our Midwifery Unit and an instrument washer for theatre. Last year, thanks to your generosity, we were able to open our new Community Rehabilitation Centre, which provides cardiac, pulmonary and orthopaedic rehabilitation, as well as balance, strength and endurance services, to our community.

This year, we will be raising funds for the refurbishment of our theatre and to purchase new equipment for this great community asset.

Theatre staff treat more than 2200 cases each year, with 1400 cases involving eye surgery. We are extremely proud that Benalla Health is a leading provider of eye surgery in regional Victoria and many people travel to Benalla for the excellent service we provide.

As well, the theatre suite provides scopes, caesareans and other essential surgery to our community and most of you would know someone who has benefitted from the excellent quality of care we provide. To continue this essential service, we hope you will continue to support our appeal to ensure that our theatre is there for all in their time of need.

No matter how small your donation, it all helps, and our Annual Appeal provides an opportunity to contribute to the ongoing success of your local health service. Donations of \$2 or more are tax-deductible.

We thank you for your support.

Louise Armstrong
Benalla Health Board Chair



Please find enclosed my donation to the 2019 Annual Appeal

This donation is for Benalla Health's theatre renovations and equipment purchases

Amount of donation (donations of \$2 or more are tax deductible): \$.....

Is a receipt required (if yes, please provide your name and address): Receipt required Yes No

Name:.....

Address:.....

Please complete details below for donations by credit card

Type of card (please tick): Mastercard Visa Amount \$.....

Credit card number: - -

Expiry date:.....

Cardholders' name:..... Cardholder signature:.....





**Thank you
for your
continued
support**

Benalla Health
45-63 Coster St
Benalla
VIC, 3672