**Wellington Hospital Chaplaincy Trust Donation Form**

To make a donation – please deposit to:

WHCT bank account number: **06 0513 0258082 00**

Account name: Wellington Hospital Chaplaincy Trust

Please enter **your name** under *details / particulars*  and **donation** under *reference*

Then fill in the details on the form below and email to us at: **whctrust2@gmail.com**

Or post to: **Wellington Hospital Chaplaincy Trust, P.O. Box 12-397, Wellington 6144**

**Details of Donation**

|  |  |
| --- | --- |
| I have deposited to the WHCT bank account: 06 0513 0258082 00 | **$** |
| Name |       |
| Address |       |
| Phone |       |
| Email |       |
| Receipt required? | YES [ ]  NO [ ]  |