

YES, I WANT TO MAKE A DIFFERENCE IN MY COMMUNITY!

MY DETAILS:

Title: _____ First Name: _____

Surname: _____

Address: _____

Suburb: _____ Post Code: _____

Email: _____

I WOULD LIKE MY GIFT TO SUPPORT:

- Midwifery Scholarship
 Education Rural Experience Grant
 Other _____

UniSA ensures that no part of your donation is used to cover administration costs.

PLEASE ACCEPT MY TAX DEDUCTIBLE GIFT OF:

- \$500 \$250 \$100
or (your choice)

AND/OR (please circle)

- I would like to donate \$ _____ monthly from my credit card until I advise otherwise
 I would like my gift to remain anonymous

PLEASE CONTACT ME:

- I would like to include the University of South Australia in my Will
 I have included the University of South Australia in my Will

GIFT PAYMENT DETAILS:

- My cheque/money order is enclosed and payable to the University of South Australia (Foundation)

Please debit my VISA MasterCard (please tick)

Card No:

Cardholder's name: _____

Expiry Date: _____ / _____

Signature: _____



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Thank you for your generosity. A receipt will be sent to you shortly.

Your gift is tax deductible. Be assured your details remain confidential as we do not supply our information to any other organisation. Should you wish to be removed from our mailing list or would like to donate by credit card, please contact us on 8302 0974 or 8302 0964 during office hours.