The University of Sydney

KOLLING Foundation

Royal North Shore Hospital

DONATION FORM

Yes, I will give a tax-deductable gift.

Christmas Appeal

HELP SAVE LIVES

PERSONAL DETAILS (for receipt purposes)

Title: ☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Prof ☐ Other .....

First Name: ..... Last Name: .....

Address: .....

Town/Suburb: ..... State: ..... Postcode: .....

Phone (BH): ..... Phone (AH): .....

Fax: ..... Mobile: .....

Email: .....

How did you hear about Kolling? .....

DONATION DETAIL

Gift amount: $ .....

Donate to: ☐ **Area of greatest need**, OR ☐ **Other (please specify): .....**

☐ **OPTION 1 – CHEQUE:** Please make payable to: **Kolling Foundation**

☐ **OPTION 2 - CREDIT CARD**

I authorise Kolling Foundation to charge the above mentioned amount to my credit card.

Credit Card Type: ☐ Visa ☐ Mastercard ☐ Amercian Express

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ CCV No.: .....

Name on Card: ..... Expiry Date: ..... / ..... / .....

Signature: ..... Date: .....

☐ **OPTION 3 - DIRECT DEBIT**

I/We authorise Kolling Foundation to debit the above mentioned amount from my/our account at:

Financial Institution: .....

BSB: ☐☐☐ ☐☐☐ Account number: ☐☐☐☐☐☐☐☐☐

Account Name: .....

Signature: ..... Date: .....

Signature: ..... Date: .....

PRIVACY STATEMENT

The information provided by you will only be used for the purpose of giving you information about Kolling.

☐ Tick if you do not want to receive information about the work of Kolling.

KOLLING FOUNDATION | Royal North Shore Hospital | Level 12, Kolling Building, Reserve Road, St Leonards NSW Australia 2065
ABN 83 128 360 174 | Authority to Fundraise Charity Number 15752 | Registered Deducatable Gift Recipient | Donations over $2 are tax deductable
Tel 1300 KOLLING (1300 565 546) | Office 02 9926 4919 | Fax 02 9926 5928 | foundation@kolling.com.au | www.kolling.com.au