



# Avian, Reptile and Exotic Pet Hospital Gift Form

## Personal details

Title

Family name

First name/other names

Address (number and street)

Suburb

State

Postcode

Country

Preferred phone number

Email address

## Payment details

Cheque (please make payable to the University of Sydney)

Visa  MasterCard  American Express  Diners Club

Card holder name

Company Name (if corporate card)

Card number

Expiry date

Signature of card holder

(A receipt will be issued in the name of the card holder or in the company name if it is a corporate card.)

## Gift details

Donations of \$2 or more are tax deductible

Yes, I would like my gift to support:

AREPH General Donations

Wildlife Health Donations at the AREPH

Animals in Need Fund

Please accept my **one-off** credit-card gift of:

\$10  \$20  \$50  My choice \$

Or I would like to establish a **regular** pledge by credit card of:

\$10  \$20  \$50  Other \$

Recurring:

Monthly  Quarterly  Semi Annually  Annually

If you establish a regular pledge by credit card, your first instalment will be processed when your form is received. Subsequent payments will be charged on the 10th of the month they are due. Pledges may be varied or cancelled at any time.

## Planned Giving

Please send me information about how I can remember the University in my will.

I confirm that I have included the University of Sydney in my will.

## Thank you – your gift is sincerely appreciated

### PLEASE RETURN THIS FORM TO

Advancement Services

Level 7, Jane Foss Russell Building

The University of Sydney, NSW 2006 Australia

Phone +61 2 8627 8818

Fax +61 2 8627 8819

**Please do not email this form**

**Allocation:** VET-064 | VET-057 | VET-067

**Account:** N2151-D3053 | N2151-D0577 | N2151-D3078

**Appeal:** 17091

**Date:** 19-5-17

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