



Avian, Reptile and Exotic Pet Hospital

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:

- The Avian, Reptile and Exotic Pet Hospital
- Wildlife Health at the Avian, Reptile and Exotic Pet Hospital

Please accept my **one-off** 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

Account: N2151-D0577, N2151-D0577

Appeal: 16088

Date: 9/08/2016

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