



# Donation form

**1. My Contact details are:**

RACS ID (if applicable)

First Name:

Last Name:

Address:

State:

Post Code:

Email:

**2. I would like to donate: \$**

**3. I would like this to be a:**  One off donation  Monthly donation\*

**4. I wish for my donation to support instead:**

- The Foundation for Surgery, *to wherever help is needed most*
- Global Health
- Indigenous Health
- Research, Training and Travel Scholarships
- Younger Fellows

**6. Credit Card Details**

Name on Card:

Credit Card Number:

Exp. Date:

CVV:

**7. My preferences are:**

- I do not give permission** for my donation to be acknowledged in Foundation for Surgery or RACS publications
- Please send me information** about leaving a gift for the Foundation for Surgery in my Will.

If you have any issues or would like to contact the Foundation for Surgery emails [foundation@surgery.org](mailto:foundation@surgery.org)

## Thank you

\*Monthly donations are deducted each month on the date from first processed

Donations over \$2 are tax deductible in Australia and over \$5 in Aotearoa New Zealand

Please return your completed form to

**AUSTRALIA & OTHER COUNTRIES**

Foundation for Surgery  
Royal Australasian College of Surgeons  
250-290 Spring St, East Melbourne  
VIC 3002, Australia

**AOTEAROA NEW ZEALAND**

Foundation for Surgery  
Royal Australasian College of Surgeons  
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