



# Yes, I would like to donate to the Damian McMahon Trauma Research Travel Grant for Trainees

1. I would like to donate: \$ \_\_\_\_\_ as a:  One-off donation  Monthly donation\*

2. My contact details are:

RACS ID (if applicable) \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_

Post Code \_\_\_\_\_

Country \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

3. I would like to donate by:

Cheque or money order

Please find enclosed my cheque/money order made payable to the **Foundation for Surgery**

Credit card

Mastercard

Visa

AMEX

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

I do not give permission for my donation to be acknowledged in Foundation for Surgery publications.

Please send me information about leaving a gift for the Foundation for Surgery in my Will.

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

**NEW ZEALAND**  
**Foundation for Surgery**  
**Royal Australasian College of Surgeons**  
PO Box 7451, Newtown 6242  
Wellington, New Zealand

[foundation@surgeons.org](mailto:foundation@surgeons.org)

**Donations over \$2 are tax deductible in Australia and over \$5 are tax rebatable in New Zealand.**

\* Monthly donations are withdrawn on the 15th of every month