

Yes, I would like to donate to the Foundation for Surgery

Please donate online at www.surgeons.org/foundation for an immediate tax receipt or complete and return this form.

1. I would like to donate: \$

2. I would like this to be a: Single Donation Monthly Donation*

3. My contact details are:

RACS ID (if applicable)

First Name

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State

Post Code

Email

4. I would like to donate by:

Cheque

Please find enclosed my cheque made payable to the Foundation for Surgery

Credit card

Mastercard

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Name on Card

Expiry Date

Card Number

Signature

5. I would like my donation to be dedicated to:

The Foundation for Surgery, *to wherever help is needed most*

Aboriginal, Torres Strait Islander and Māori Health Programs

Research, Training and Travel Scholarships:

Global Health Programs:

6. My preferences are:

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

Thank you

*Monthly donations are deducted on the 15th of each month