



Bo Children's Hospital Project Donation Form

PERSONAL DETAILS

Title: Mr Ms Mrs Miss Dr Other

First Name/s: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Post Code: _____

Country: _____ Phone Home: () _____

Phone Business: () _____ Email: _____

GIFT DETAILS

Please accept my gift of \$20 \$50 \$100 \$500 Other \$ _____

Gifts made within Australia are tax deductible

Please direct my gift to - **BO CHILDREN'S HOSPITAL PROJECT (45301 DO 580)**

PAYMENT DETAILS

Cheque (payable to **The University of Sydney – Bo Children's Hospital Project**)

Credit Card: Visa MasterCard American Express Diners Club

Card No: _____

Expiry Date: ____ ____ ____ ____ Cardholder Name: _____

Signature: _____

I would like my gift to remain anonymous

Thank you for your generous support

Please return this form to:

Advancement Services

Level 6, Jane Foss Russell Building G02
The University of Sydney, NSW 2006 Australia

Fax: +61 2 9351 5688



ABN: 15211513464 Charitable Fundraising No: 10369
CODE: 45301 P FF DO 580