

Online gift form

Personal details						
Title: 🗆 Mr 🗆 Mr	s □ Ms	🗆 Miss 🗆 🛙	r □ Othe	er		
First name/s:				Last n	ame:	
Mailing address:						
Town/Suburb:		Sta	ate:	_ Post code	:	_ Country:
Telephone: (	one: ()		obile:	Email: _		
Gift details					Don	ations over \$2 are tax deductable
Please accept my SINGLE gift of:			\$			
Please accept my MONTHLY credit card gift of: \$ Your first monthly pledge will be processed						nthly pledge will be processed on receipt of
Please accept my AN	of: \$	CU	irrent month	then on the 10 <sup>th</sup> of each month, including the n if the 10 <sup>th</sup> has not passed. <b>Pledges may be</b> incelled at any time.		
Please direct my gif	t to:					-
□ University priorities		🗆 Li	brary		□ Othe	r
□ Scholarships □		□ M	Museums/Gallery			
The Faculty of			University sport			
Payment details						
□ Cheque (Please mak	e pavable to	The University	of Svdnev)			
□ American Express				□ Master	Card	
Card holder name:						
Card No:						
Expiry date:/						

□ 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 for your generous support!

## Please return this form to:

Advancement Services, Building G02 The University of Sydney, NSW 2006 Australia, Fax: + 61 2 8627 8819 To learn more, visit

sydney.edu.au/supportsydney

ABN: 15211513464 Charitable Fundraising No: 10369

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