Raise the RooF

St. Paul's College Raise the Roof appeal - donation form

ABN 62 627 137 646

TITLE (PLEASE TICK ONLY ONE BOX)

☐ Mr & Mrs ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Prof ☐ Rev ☐ Business ☐ Organisation

Surname _____ Christian Name/s _____

Business or Organisation Name (if applicable) _____

Address _____

_____ Postcode ☐☐☐☐

Email _____

Telephone Work ( ) _____ Private ( ) _____ Mobile _____

DONATION OPTIONS (PLEASE TICK ONLY ONE BOX)

☐ **Option 1** I/we wish to pledge a *half yearly/*annual gift of $ _____ each year for a period of ☐ years (max 5 years)
* Strike out not applicable

My/our total contribution will be $ _____

☐ **Option 2** I/We wish to make a single gift of $ _____

☐ **Option 3** I/We wish to make a monthly contribution of $ _____ for a period of ☐ months (max 60 months)
(Credit card donations only)

My/our total contribution will be $ _____

Please provide an official tax deductible receipt in the name of _____

The college will send a reminder for half yearly and annual gifts.

Please make all cheques and money orders payable to **St Paul's College** (Other payment options follow)

CREDIT CARD DONATIONS

Name on card _____ ☐ Visa ☐ MasterCard

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date ☐☐/☐☐

Signature _____ Amount $ _____

DIRECT BANK TRANSFER/INTERNET BANKING DONATIONS

Westpac Banking Corporation 351 George Street, SYDNEY

BSB: 032 000 Account Number: 810 827 Account Name: St Paul's College

Please include your surname and initials in your bank's reference field and return this form to St Paul's College noting that you have used this option.

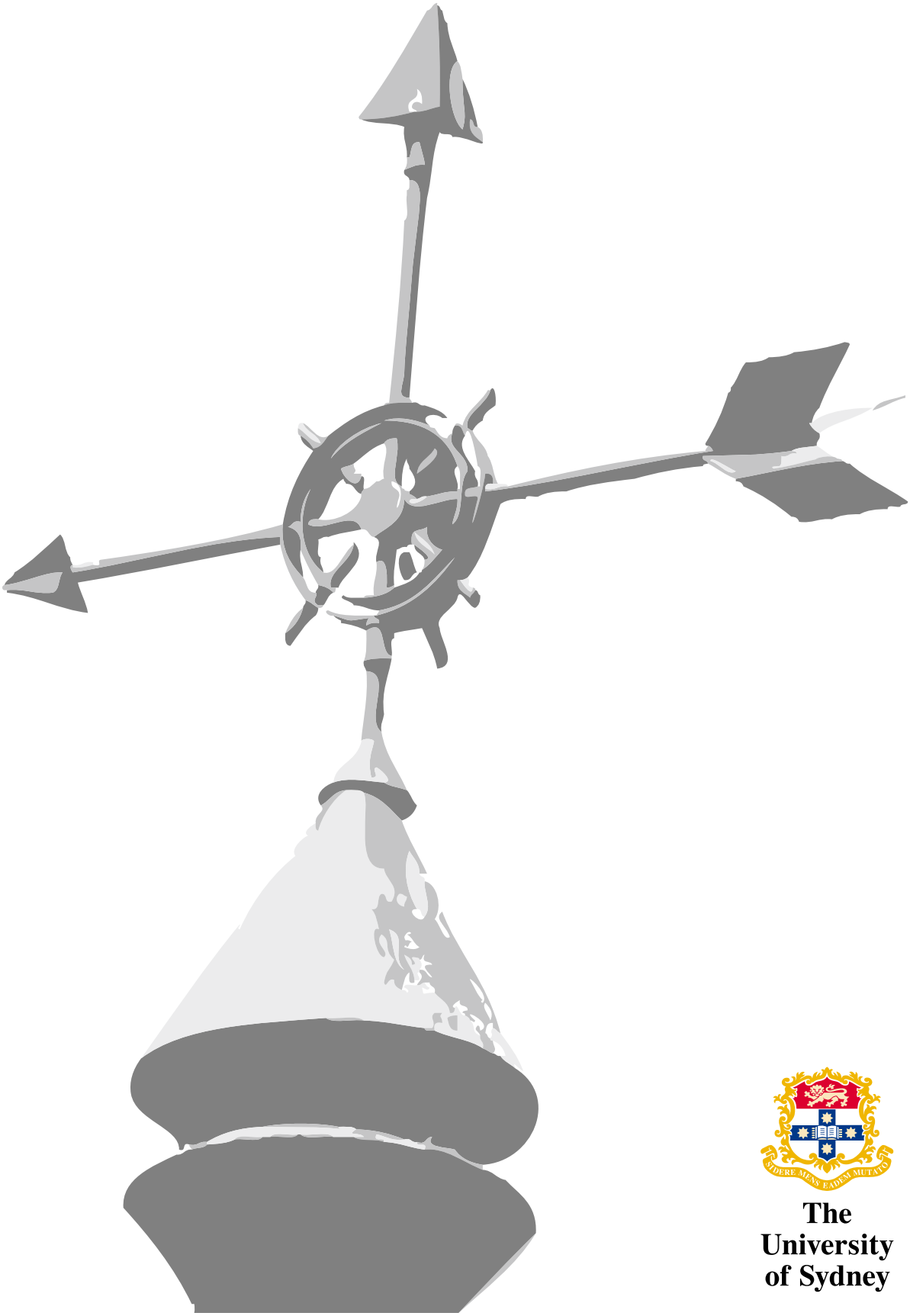
BEQUEST INFORMATION

☐ I would like to make a bequest in my Will to St Paul's College and would like further information.

Signature: _____ Date: _____

MAILING ADDRESS: 9 City Road CAMPERDOWN NSW 2050

TELEPHONE 02 9550 7444 FACSIMILE 02 9519 7246 EMAIL stpauls@usyd.edu.au



The University of Sydney

Produced by the Publications Office of the University of Sydney, April 2007.
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