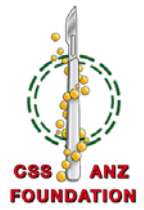


# Colorectal Surgical Society of Australia and New Zealand Foundation



## DONATION FORM

I wish to make a tax deductible gift to the **Colorectal Surgical Society of Australia and New Zealand Foundation Pty Ltd** to be used for Colorectal Research

I would like to donate:

- \$100                       \$250                       \$500  
 \$1000                       \$5000                       Other \$ \_\_\_\_\_

I would like more information about making a bequest through my Will, to Colorectal Research, through the **Colorectal Surgical Society of Australia and New Zealand Foundation Pty Ltd**.

My personal details are:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone (B/H) \_\_\_\_\_ (A/H) \_\_\_\_\_

I enclose a cheque/money order payable to the **Colorectal Surgical Society of Australia and New Zealand Foundation Pty Ltd**

Please charge my credit card for the amount indicated above:

- Mastercard                       Visa

Card No: \_\_\_\_\_ Expiry: \_\_ / \_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_