



THE UNIVERSITY OF WESTERN AUSTRALIA

## Western Desert Renal Health Program Fund Donation Form

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Please provide title(s) and full name(s) for tax deductible receipt

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Please allocate my/our gift to The University of Western Australia **Western Desert Renal Health Program Fund**

Please accept my single gift of \$ ,,,,,,,,,,,,,,,,,,,,,,

OR please debit my credit card with \$ ,,,,,,,,,,,,,,,,,,,, annually/monthly for a period of ..... years/months.

All donations over \$2 are fully tax-deductible.

Please make cheques payable to "The University of Western Australia

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My credit card details:

Card Type:  Visa  Mastercard  American Express  Diners

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Mail should be directed to the Office of Development, M361, The University of Western Australia, 35 Stirling Highway, Crawley, WA 6009

- I/we have included a gift to The University of Western Australia in my/our will
- I/we are interested in being sent information about Bequests, writing a Will or Memorial Gifts
- I/we prefer that this gift remains anonymous.

The University of Western Australia adheres to the National Privacy Principles and your details remain strictly confidential.

A receipt will be mailed to you shortly.