

Charles Sturt Foundation  
Donation Form



**Please Print and send to the address below:**

Title		First Name	
Surname			
Company Name			
Position			
Address			
City		State	P-Code
Country			
Email			
Telephone		Fax	

**I would like to support the foundation by:**

<input type="checkbox"/>	contributing \$		per annum	over		years
OR:						
<input type="checkbox"/>	making a donation of \$					

If there is a specific foundation program that you would like your donation to support please provide details:

**Payment Options**

<input type="checkbox"/>	Please invoice me in							(month)	each year for the above amount
OR:									
<input type="checkbox"/>	Make cheque payable to 'Charles Sturt Foundation' and forward to the address below								
OR:									
<input type="checkbox"/>	Please charge my credit card								
	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Visa	<input type="checkbox"/>	American Express			
	Cardholder's name								
	Card Number								
	Expiry Date			Amount of authorisation: \$					
	Signature of Cardholder:								

**Please Return to:**  
**Charles Sturt Foundation**  
**Charles Sturt University**  
**Panorama Avenue**  
**Bathurst NSW 2795**  
**Or Fax to: 02 63384833**

**All donation to the Foundation are tax deductible**