

# Pharmacy Foundation Membership

I would like to support the Charles Sturt Pharmacy Foundation by becoming a (please tick one):

- Governor \$5,000 per annum
- Donor \$1,000 per annum
- Supporter \$250 per annum
- Associate with a monthly credit card contribution

of

- \$20
- \$50
- \$100

OR

I would like to donate the amount of \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Payment options

Please invoice me in \_\_\_\_\_ (month)  
each year for the above amount.

OR

Make cheques payable to 'Charles Sturt Foundation' and forward to the address below

OR

Please charge my credit card:

- Bankcard
- Visa
- Master Card
- American Express
- Diners

Cardholder's name: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Amount of authorisation: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

## Please return to:

The Foundation Secretary  
Charles Sturt Foundation  
The Grange, Charles Sturt University  
Panorama Avenue, BATHURST NSW 2795