

# Yes, I would like to donate to the **Daniel Christidis Scholarship**

1. I would like to donate: \$

\_\_\_\_\_

2. I would like this to be :  Single Donation  Monthly Donation\*

3. My contact details are:

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First Name

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4. I would like to donate by:

**Cheque or money order**

Please find enclosed my cheque/money order made payable to the **Foundation for Surgery**

**Credit card**

Mastercard  Visa  AMEX

Name on Card

Card Number

Expiry Date

Signature

**I do not give permission** for my donation to be acknowledged in Foundation for Surgery publications.

**Please send me information** about leaving a gift for the Foundation for Surgery in my Will.

Please return your completed form to

**AUSTRALIA & OTHER COUNTRIES**

**Foundation for Surgery**  
**Royal Australasian College of Surgeons**  
250 - 290 Spring St, East Melbourne  
VIC 3002, Australia

**NEW ZEALAND**

**Foundation for Surgery**  
**Royal Australasian College of Surgeons**  
PO Box 7451, Newtown 6242  
Wellington, New Zealand  
[foundation@surgeons.org](mailto:foundation@surgeons.org)

\*Monthly donations are deducted in the 15th of each month

**Donations over \$2 are tax deductible in Australia and over \$5 are tax rebatable in New Zealand.**