# GIFT CONFIRMATION FORM

*I/We welcome this opportunity to contribute a tax-deductible gift to support the St Andrew’s College Foundation which solely supports St Andrew’s College.*

Full name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

❑ I/We are delighted to support St Andrew’s with a gift of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We would like to support:

❑ Main Building Bedroom Refurbishment ❑ Junior Common Room Upgrade

❑ SAC Rural & Regional Scholarship Fund ❑ Indigenous Scholarship Fund

❑ Wayne Erickson Government School Scholarship Fund
❑ 20 Years of Undergraduate Women Scholarship Fund
❑ General Fund ❑ Other­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Confirmation & Recognition**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_ /\_\_\_ /20\_\_\_

❑ I/We **do not** want my/our name/s published [Gift amounts are **not** listed]

**Payment Method**

❑ Cheque (payable to St Andrew’s College Foundation)

❑ EFT Bank: Westpac BSB: 032 847 Account: 001260422

 (Please use the following reference: <Your Surname Donation>)

❑ Visa ❑ MasterCard

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Card No: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Expiry:  |  |  |  | / |  |  |  |  | CCV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Cardholder’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return of Gift Confirmation form**

Please complete and scan this form and email it to: advancement@standrewscollege.edu.au

**or** mail the completed Gift Confirmation form to:

Advancement Office

St Andrew’s College

19 Carillon Avenue

NEWTOWN NSW 2042