

# AMBITION APPEAL

[bond.edu.au/donate](http://bond.edu.au/donate)



## PERSONAL DETAILS

Title	Given name(s)	Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Student ID Number (if applicable)		Phone	
<input type="text"/>		<input type="text"/>	
Email			
<input type="text"/>			
Address			
<input type="text"/>			
City / Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## MY GIFT

I hereby donate to Bond University:

<input type="checkbox"/> \$100 Thank you for your gift!	<input type="checkbox"/> \$310 <input type="checkbox"/> Fountain of Giving plaque (Individual)	<input type="checkbox"/> \$620 <input type="checkbox"/> Fountain of Giving plaque (Student Group/Family/Alumni Group)
<input type="checkbox"/> \$960 <input type="checkbox"/> Fountain of Giving plaque (Business/Organisation)	<input type="checkbox"/> \$5,000 <input type="checkbox"/> Chancellor's Circle	<input type="checkbox"/> Other \$ <input type="text"/> Please select the bonus for which you are eligible.

Towards (please tick **one** only):

<input type="checkbox"/> Area of Greatest Need	<input type="checkbox"/> Student Hardship Fund	<input type="checkbox"/> Student Opportunity Fund	<input type="checkbox"/> Elite Athlete Fund
<input type="checkbox"/> Scholarship Fund	<input type="checkbox"/> Endowment Fund		

To be donated as:

<input type="checkbox"/> A single payment			
<input type="checkbox"/> Monthly payments of \$ <input type="text"/> per month for <input type="text"/> year(s), or perpetually <input type="checkbox"/>			
<input type="checkbox"/> Annual payments of \$ <input type="text"/> per year for <input type="text"/> year(s), or perpetually <input type="checkbox"/>			
<input type="checkbox"/> I want my gift to be anonymous			

## PAYMENT DETAILS

<input type="checkbox"/> Credit card	<input type="checkbox"/> Cheque or money order made payable to Bond University
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I hereby authorise Bond University to charge my credit card:

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	Expiry date
			<input type="text"/> / <input type="text"/>

Card number	CCV
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Cardholder's name	Cardholder's signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Please send completed form to:**  
Office of Engagement  
Bond University  
Gold Coast Queensland 4229  
Australia

All donations over \$2 are tax deductible in Australia.  
ABN: 88 010 694 121