## **GIFT FORM**

Your co	ontact details	
Title:	Name:	Surname:
Business	Name: (if applicable)	
Postal Ad	ldress:	
State: _	Post Code:	
Phone:_		Mobile:
Email Ad	dress:	
Years of	Enrolment: (if applicable) Start	t End
Maiden N	lame: (if applicable)	
Your ge	enerous donation	
Option /	<b>A:</b> I would like to support the Ken	ntian Scholarship Foundation with my one off gift of:
<u>\$5</u>	\$100	\$250
<u>\$5</u>	\$1000	Other: \$
-	\$ each year for 3 yea	al contribution to the Kentian Scholarship Foundation of ears or 5 years (please tick).  tible. A receipt will be sent to the mailing address above.
	ledgement	
☐ I w	ould like my gift acknowledged in	n the Foundation's annual report in the following name:
I do	o not wish to be publicly acknowle	ledged.
Paymen	t	
Cheque	Please mail to Kentian Scholarsh 89 Kent Street, East Victoria Par	ship Foundation, c/- Kent Street Senior High School, ark WA 6101
Direct D	<b>Pebit Details:</b> CBA Cannington W Initial.Surname and allow 5 days	WA BSB 066134 ACN 10585859. Please add your identifier: ys for receipting.
Note:	We do not have credit card facili	lities.
Email:	foundation@kentians.org.au	
Beauest	·s	

If you are considering leaving a bequest to the Kentian Scholarship Foundation, please contact one of the following trustees: Bill Prince +61 8 9458 3854 or Rod Beresford on +61 8 9354 2065.

## Thank you for your support

Privacy Statement: Information collected, on this form, will only be used by the Kentian Scholarship Foundation and will not be passed on to any other organisation.