



Contact Information

Name: _____

Organization: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Home Email: _____ Work Email: _____

Donation Amount: \$ _____

Payment Information

Cheque Enclosed

Credit Card: VISA MASTERCARD

Account Number: _____

Expiration Date (MM/YY): _____

Anonymous Donation

Name on Card: _____

Signature _____

Make my donation an annual pledge! (The Trust will send you an obligation-free invoice each year for the amount donated)

Number of years you wish to pledge (leave blank if continuous) _____

You may also make a donation in memory of someone, as a gift, or anonymously. If you choose to do so, please tick the relevant box below, and complete any relevant details.

In Memory of: _____ Gift Donation Anonymous Donation

Send acknowledgement to:

Name: _____

Address: _____

City _____, Country _____ Postcode _____

Print out and fax to +64 (0)3 442 6622

or post to Pat Farry Rural Health Education Trust, PO Box 1252, Queenstown 9348, New Zealand