

The Gordon Sanderson Scholarship Fund Pledge Form 2017

Donor / Receipt Information

Full Name: _____
 Company Name: (if required) _____
 Billing Address: _____
 _____ Postcode _____
 Phone: _____
 Email: _____

Pledge Information

I / we pledge a total of \$_____ to be paid: Now Monthly Quarterly Yearly

I / we plan to make this contribution in the form of: Direct Credit Cheque

Please debit my Credit Card

Name on card _____
 Card No _____/_____/_____/_____
 Expiry Date _____/_____ Signature _____

I would like to setup an automatic payment (more information will be sent to set this up)

Payment and Receipt Information

Make all cheques out to: Glaucoma New Zealand
Post all cheques to: Atn: Executive Manager
 Glaucoma New Zealand
 Department of Ophthalmology
 University of Auckland
 Private Bag 92019
 Auckland 1142

For direct credits:
 Glaucoma New Zealand bank account number: **12-3013-0180964-02**
 Ref: Your Full Name
 Particulars: GS Fund

All payments will receive a receipt. Any donations made outside of New Zealand are not tax deductible.

Acknowledgement Information

Please choose from the following:

- I wish to remain an anonymous donor
 Please use the following name(s) in all acknowledgements:

