

Yes, I want to empower STATE HIGH

Name (Mr/Mrs/Miss/Ms/Dr) _____

Address _____ Postcode _____

Phone _____ Email _____

All donations to the State High Foundation are fully tax deductible.

MEMBERSHIP

I wish to make a donation to secure membership of the State High Foundation

(please tick membership level)

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> BRONZE
\$3,000 +
\$500 pa | <input type="checkbox"/> SILVER
\$6,000 +
\$1,000 pa | <input type="checkbox"/> GOLD
\$15,000 +
\$2,500 pa | <input type="checkbox"/> PLATINUM
\$30,000 +
\$5,000 pa | <input type="checkbox"/> BENEFACTOR
\$60,000 +
\$10,000 pa |
|---|---|--|--|---|

I wish to pay *(please tick)* Single instalment Equal instalments over 6 years

DONATION

I wish to make a donation to help the State High Foundation reach its goals

- \$500 \$1,000 \$300 \$200 \$5,000 \$2,000 Other _____

Payment Options

I wish to make my contribution via cheque. My first cheque of \$ _____ is enclosed.

OR

Please debit my credit card. Card type: Mastercard Visa

Card Number / / /

Expiry Date / CVN *(on back of card)*

Name on Card _____

Signature _____

Please issue a receipt in the name of _____

All donations of \$100 or more will be acknowledged in State High Foundation publications and in the school magazine. Please tick the box below if you do not wish for this to occur.

I do not wish to have my donation acknowledged.

References to State High Foundation are to The Trustee for the Friends of BSHS Foundation Building Fund (ABN 37 318 629 081), which is an endorsed gift recipient under the Income Tax assessment Act, 1997 and has been granted a sanction for making of appeals of support under the Collections Act (Qld) 1966.

Please return your completed form to the State High Foundation.

Fax (07) 3291 4100 | Email statehighfoundation@eq.edu.au | PO Box 3418 South Brisbane Qld 4101 Australia