Simodont Donation Form

Name ____________________________________________________________
Address __________________________________________________________
Suburb ______________________________ Postcode ________________
Phone /Mobile ______________________________________________________
Email _____________________________________________________________

☐ I/we would like to make a single donation of $ ________________
Or
☐ I/we would like to make a ☐ monthly ☐ quarterly or ☐ annual pledge of $______________
for a period of ☐ 1 year ☐ 2 years to a total donation of $______________

to The University of Western Australia and I/we would like this gift to be used for the purpose of the “Simodont” initiative (virtual reality simulators within the School of Dentistry).

☐ I/we would like my gift to remain anonymous

Payment Methods

☐ Enclosed is a cheque made payable to The University of Western Australia
☐ Please debit my ☐ Visa ☐ Mastercard ☐ Amex ☐ Diners
Card Number __ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ Expiry Date __ __ / __ __
Cardholder Name ________________________________________________ Signature ______________________

☐ Bank Transfer
Name of Bank: Westpac Banking Corporation
Address: 109 St George’s Terrace, Perth, Western Australia 6000
Account Name: The University of Western Australia - Donations
BSB: 036-054
Account Number: 285958
Reference: OOD/Simodont
SWIFT Code: WPACAU2S

Please advise when payment has been made to the above account via email: development@uwa.edu.au

Return this form to: Office of Development, M361, The University of Western Australia, 35 Stirling Highway, Crawley WA 6009 Or fax to +61 8 6488 1063

Thank you for your generous gift. Gifts to UWA are not diminished by administrative costs and are fully tax-deductible. A receipt will be issued shortly.

If you have any queries please contact Anne Webster, Associate Director, Development Services on +61 8 6488 4204