USQ UNIVERSITY OF SOUTHERN QUEENSLAND

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UNIVERSITY OF SOUTHERN QUEENSLAND • ADVANCEMENT

NURSING CLINICAL PLACEMENTS DONATION FORM

Please return completed form to:
USQ Nursing Clinical Placements
Reply Paid PO Box 282
Darling Heights QLD 4350 Australia
OR fax to: **+61 7 4631 1995 ATTN: Advancement**

Enquiries Ph. +61 7 4631 5340

DONOR DETAILS

Date: ___ / ___ / ___

Dr/Prof/Mr/Mrs/Miss/Ms First Name

Surname/Family name

OR Organisation ACN/ABN

Postal Address

Postcode State Country

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Email (optional)

DONATION INFORMATION

I/We would like to donate a total of $ .....

- ☐ Now (please complete details below)
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Please contact me to set up my pledge

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OPTIONAL (You may elect which parts — if any — you wish to complete)

ADMINISTRATION

- ☐ I would like my name published in the list of Donors.
- ☐ I would like to receive email correspondence from the USQ Alumni Office.
- ☐ I am interested in making a monthly donation via credit card. Please send me further information.

BEQUESTS

- ☐ I would like information about leaving a bequest or legacy to the University in my Will.
- ☐ I have included a bequest or legacy to the University of Southern Queensland in my Will.

- ☐ Current or former student

Student ID .....

- ☐ Current or former USQ staff

Staff ID .....

- ☐ Nurse
- ☐ Previous USQ supporter

PAYMENT

Please debit my credit card $ ☐ Visacard ☐ Mastercard ☐ American Express

Card number Expiry date

Cardholder's name (please print) Cardholder's signature

OR: My cheque/money order is attached for $..... (made payable to University of Southern Queensland)

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PROGRAM 70

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