

Your gift to better emergency care

The Emergency Care Foundation sincerely thanks you for your support to our work improving access to and quality of emergency care. With your gift we can continue the vital work of resourcing research, education and innovation in this field.

Please tick all those that apply:

- I am making a one-time donation Please invoice me for this amount each year
- I would like a Bronze membership (\$1,000 - \$4,999 per year)
- I would like a Silver membership (\$5,000 - \$9,999 per year)
- I would like a Gold membership (\$10,000 or more per year)
- I enclose a cheque for \$ _____ (please make cheques payable to the Emergency Care Foundation)
- I would like to pay by credit card

Name on card _____

Card number _____

Expiry date _____

CSV number _____

Signature _____

- I would like to pay via internet banking

Bank Name: ANZ Account Number: 01-1839-0036548-000 Account Name: Emergency Care Foundation

- I would like to talk to you about leaving a gift in my will
- I DO NOT wish to go on the Emergency Care Foundation supporter database

Your details

Title _____ Full name _____

Address _____

Phone _____ Email _____

Please post this form to us at:

Emergency Care Foundation, P O Box 13-244, Burnside, Christchurch 8254

Or scan and email to: info@emergencycarefoundation.org