

Official Application

Please complete this form. Application will proceed once payment has been processed.
Fields marked with a * are mandatory and must be completed before submitting this form.
South West New Zealand Endangered Species Charitable Trust

Name* _____ Title _____

E-mail* _____

Address* _____

City* _____ Phone* _____

Country* _____ Fax _____

Type*

Company Individual Family Family Trust

Company Name _____ Contact _____

Trust Name _____ Contact _____

Membership Type

Foundation membership

Corporate Sponsorship

Donation Type

Platinum \$25,000

GoldPlus \$15,000

Gold \$10,000

Silver \$5,000

Bronze \$2,250

Other (please state amount) \$ _____

How often

One time Payment Annual (state number of years) Monthly (state number of months)



Payment Method

Please include credit card details with this application or by separate fax.
If you prefer to pay by cheque please mail it, with a copy of this form, to the address below. Payment to:

South West New Zealand Endangered Species Charitable Trust

Cheque

Credit Card (please tick one)

Amex Master/Card Visa Diners

Number _____

Expiry Date ____ / ____ / ____
DAY / MONTH / YEAR

Name on Card _____

Amount \$ _____

Signature _____

Automatic Bank Transfer

Within New Zealand:

Account: **South West NZ Endangered Species Charitable Trust**
Bank: **SBS A/c #: 03 1355 0253626 00**

International Donations:

Westpac Bank, cnr. Kelvin Street & Spey Street, Invercargill
Swift Code: **WPACNZ2W**
Account: **South West NZ Endangered Species Charitable Trust**
Bank: **SBS A/c #: 03 1355 0253626 00**

Thank you for your application.

Fax or post to:

South West New Zealand Endangered Species Charitable Trust
C/- PO Box 102, Te Anau. Contact Person: **Angela McMeekin**
Telephone: **+64 3 249 7402** Facsimile: **+64 3 249 7409**