



KOALA PRESERVATION SOCIETY of NSW Inc.
P.O. Box 236 Port Macquarie NSW 2444 Australia

Adopt A Wild Koala from The Koala Hospital

Name of Koala:

FROM – Name & Address of Person Requesting Adoption

| | |
|-----------------|-------------------|
| First Name: | Last/Family Name: |
| Street: | Suburb/Town |
| Province/State: | Zip/Post Code: |
| Country: | Email Address: |

TO - The Name of Person to Appear on Adoption Certificate

| | |
|-------------|-------------------|
| First Name: | Last/Family Name: |
|-------------|-------------------|

Post to this address (if different from above)

| | |
|-----------------|----------------|
| Street: | Suburb/Town: |
| Province/State: | Zip/Post Code: |
| Country: | Email Address: |

Please tick boxes applicable to your payment.

ADOPTION: RENEWAL: DONATION:

Credit Cards Available: Visa Bankcard MasterCard

- - -

NAME ON CARD _____ EXPIRY DATE: ____/____

SIGNATURE _____ PAYMENT: \$ _____ for _____ years
(AUSTRALIAN CURRENCY)

Annual adoption or renewal: Australia\$40 and International \$50 (add \$40 for each extra year)

Your message to recipient:

office use only.

| | | |
|------------------------------------|-----------------------|----------------------|
| Paid By Cheque/Card: Amount: \$ | Entered by: | Date: |
| Renewal Receipt No: | Adoptions Receipt No: | Donation Receipt No: |