



Adopt A Wild Koala

KOALA HOSPITAL

www.koalahospital.org.au

Name of Koala:

APPLICANT – 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:
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Post to this address (if different from above)

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

ANNUAL ADOPTION AUD\$50 WITHIN AUSTRALIA - ADD \$5 FOR OVERSEAS POSTAGE.

	Credit Card Payment Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
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	NAME ON CARD: _____ EXPIRY DATE: __/__/__ SIGNATURE _____ PAYMENT: \$_____ for ____ years (AUSTRALIAN CURRENCY)

Your message to recipient:

Post to: Koala Hospital P.O. Box 236 Port Macquarie NSW 2444 Australia

office use only.

	Entered by:	Date:
	Paid By Cheque/CreditCard:	Order No:
Adoption Receipt No. _____	Amount: \$	

Koala Hospital, Roto House Historic Site, Lord Street, Port Macquarie NSW Australia
an activity of the KOALA PRESERVATION SOCIETY of NSW Inc

ABN 74 060 854 479
1/2012