

DONATION PAYMENT FORM

Please fax or mail this form to:

Aimee Tschopp
 IIE Fulbright Assistance Fund Coordinator
 Institute of International Education
 809 United Nations Plaza
 New York, NY 1001

Tel: (212) 984 5400
 Fax: (212) 984 5452
 Email: ATschopp@iie.org

I am pleased to enclose the payment form for my donation of \$ _____ to support scholarships to Australia for U.S. students and scholars, as administered by the Institute of International Education (IIE) in collaboration with the Australian-American Fulbright Commission. I make this contribution with the understanding that IIE shall have sole discretion and control of the use of these funds and that IIE may take action to ensure that the funds are used for their intended purposes.

For tax purposes, I would appreciate your providing me with a charitable acknowledgement form at your convenience.

SIGNED _____ **DATE** _____
 (Signature of Donor)

DONOR DETAILS

Surname: _____	First Name: _____
Title: _____	_____
Current Position: _____	Employer: _____
Please indicate if contact details is <input type="checkbox"/> WORK or <input type="checkbox"/> HOME Address:	
Street _____	
City _____	State: _____ Zip code: _____
Phone: _____	Facsimile: _____
Cell Phone _____	_____
Email: _____	_____

DONATION PAYMENT

I would like to make a donation of _____	\$ _____
I will be paying by <input type="checkbox"/> Check <input type="checkbox"/> Credit card	

CHECK PAYMENT

CHECK	Please attach your check made out to the Institute for International Education to this form and post it to the above address.
-------	--

CREDIT CARD PAYMENT

Please tick box: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card <input type="checkbox"/> American Express
Card Expiry Date: _____ Card Holders Name: _____
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature: _____