

Personal Details

Title (Mr/Mrs/Miss/Ms/Dr/Prof/Other)	First Name
Surname	Address
	Post/Zip Code
Town/City	Country
Tel	E-mail

- I would like to support the Joanna Briggs Foundation Inc by making a donation:
- Cheque/Cash: I enclose a cheque (made payable to The Joanna Briggs Foundation Inc)/cash to the value of(cheques can be made out in your normal currency). Hand this donation to our staff or post to The Joanna Briggs Foundation, PO Box 3560 RUNDLE MALL South Australia, 5000
- I would like to become a Friend of the JBF
- Cheque/Cash: The annual fee is a minimum of £60/US108/ AUS\$168/ €72.
- I enclose a cheque (made payable to The Joanna Briggs Foundation Inc/cash) to the value of(cheques can be made out in your normal currency). Hand this donation to our staff or post to The Joanna Briggs Foundation, PO Box 3560 RUNDLE MALL South Australia, 5000
- Standing Order: Your payment must be a minimum of £5/US\$9/ AUS\$14/ €6 per month/ - £60/US108/ AUS\$168/ €72 per year. Please complete the form below IN CAPITALS and return it to The Joanna Briggs Foundation, PO Box 3560 RUNDLE MALL South Australia, 5000, and NOT to your Bank.

Bank/Building Society Name	
Bank/Building Society Address	
Town	Post Code
County Account No	Sort Code
Account Type	Name on Account
Amount £	In Words
Date of First Payment	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Please continue payment until further notice.

Instruction to your Bank/Building Society:

Please pay:

Bank Name: Bank SA (St Georges Bank)
Bank address: Royal Adelaide Hospital, North Terrace, Adelaide SA 5000
Account Name: Royal Adelaide Hospital BSB 105-139 ACCOUNT 520165640 SWIFT Code: SGBLAU2SADL

from the account detailed above in this instruction.

Visa Mastercard Bankcard NB: Amex and Diners Clubcards NOT Accepted

Credit Card Number:

Amount authorised:

Cardholders Name:	Expiry Date:
-------------------	--------------

Signature:

Date: