



DONATION FORM



1. Donation Amount

	TOTAL
 \$5.00	<input type="text"/>
 \$20.00	<input type="text"/>
Donation of your choice (min \$2)	<input type="text"/>
Last Will donations (make a wish)	<input type="text"/>

Donations of \$2 or more to The AMA Indigenous Medical Scholarship Foundation are tax deductible as it is endorsed as a Deductible Gift Recipient.

2. Bank Details

PAYMENT BY EFT – Electronic Funds Transfer Account Name: The Indigenous Medical Scholarship Foundation Account Number: 70-032-5105 BSB Number: 082-902 Bank: NAB

3. Donor Details

Full Name

AMA Member Number

Non-Member Please tick

Company Please tick

Company Name

Postal Address (member, non-member, company)

Email Address (a receipt will be forwarded to your email address)

Please return form to indigenousscholarship@ama.com.au

For individuals who are donating, please refer to our [Privacy Policy](#)