I would like my gift to support (please select one	of the below options):
Learning Potential Fund	Restoring the Great Barrier Reef
Indigenous Chair	Budding Entrepreneurs Scholarship
Prostate Cancer Research	Save Australian Wildlife
Other:	
I would like to give: \$ My Challenge	is:
I would like my gift to be: \square One-time only \square R	ecurring every month/quarter/year (circle
I would like to make my donation by:	
CREDIT CARD (please provide details below) CHEQUE	/ MONEY ORDER (enclosed – made payable to QUT)
Credit Card Payments only	
CARD TYPE: Visa Mastercard	Amex EXPIRY DATE: /
CARD NUMBER — — — — — — — — — — — — — — — — — — —	CCV:
CARDHOLDER NAME:	
CARDHOLDER SIGNATURE:	
Your Details	
MR MRS MS MISS DR PROF OTH	
FIDCT NAME	an envelope (no stamp required) addressed to:
FIRST NAME	QUT Advancement Office Reply Paid
SURNAME	2434 Brisbane QLD 4001
ADDRESS	
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SUBURB STATE	For other enquiries please contact the Advancement Office on
COUNTRY POSTCODE	+61 07 3138 2147 or by email at
PHONE	giving@qut.edu.au.
EMAIL	
	Vill

 I have already included a gift in my Will to QUT. I would like to be contacted regarding a gift to QUT in my V Please do not acknowledge my gift in QUT publications. 	Vill.