



KOALA PRESERVATION SOCIETY of NSW Inc.
P.O. Box 236 Port Macquarie NSW 2444 Australia

**Adopt A Wild Koala
 from The Koala Hospital**

Name of Koala:

FROM – Name & Address of Person Requesting Adoption

First Name:	Last/Family Name:
Street:	Suburb/Town
Province/State:	Zip/Post Code:
Country:	Email Address:
Post the annual renewal to me: YES NO	

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:

Please tick boxes applicable to your payment.
ADOPTION: **RENEWAL:** **DONATION:**

Credit Cards Available: Visa **Bankcard** **MasterCard**

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NAME ON CARD _____ **EXPIRY DATE:** _____

SIGNATURE _____ **PAYMENT: \$** _____ (AUSTRALIAN CURRENCY)

**Each Adoption and Annual Renewal for a Koala is:
 Australia \$40.00 and Overseas \$50.00 (Australian)**

office use only.

Paid By Cash/Cheque/Card:	Volunteer:	Date:
Amount: \$		
Renewal Receipt No:	Adoptions Receipt No:	Donation Receipt No:

For the preservation and care of wild injured Koalas and the protection of their diminishing habitat.