



KOALA PRESERVATION SOCIETY AUSTRALIA Inc.

P.O. Box 236 Port Macquarie NSW 2444 Australia

Adopt A Wild Koala from The Koala Hospital

Name of Koala (if known):

FROM – Name & Address of Person Requesting Adoption

First Name:	Last/Family Name:
Street:	Suburb/Town
Province/State:	Zip/Post Code:
Country:	Email Address:

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 MasterCard

- - -

NAME ON CARD _____ EXPIRY DATE: ____/____

SIGNATURE _____ PAYMENT: \$ _____
(AUSTRALIAN CURRENCY)

Annual adoption or renewal: AU\$60 add \$10 for overseas postage

Your message to recipient:

office use only.

Paid By Cheque/Card: Amount: \$	Entered by:	Date:
Renewal Receipt No:	Adoptions Receipt No:	Donation Receipt No: