



**KOALA CONSERVATION AUSTRALIA INC**  
 PO Box 236, Port Macquarie NSW 2444 Australia  
 Roto House Historic Site, Lord Street, Port Macquarie  
 www.koalahospital.org.au  
 Tel: (02) 6584 1522 Fax: (02) 6584 2399 ABN 74 060 854 479

**Name of Koala (if known):**

**FROM – Name & Address of Person Requesting Adoption**

<b>First Name:</b>	<b>Last/Family Name:</b>
<b>Street:</b>	<b>Suburb/Town</b>
<b>Province/State:</b>	<b>Zip/Post Code:</b>
<b>Country:</b>	<b>Phone Number:</b>
<b>Email Address:</b>	

**TO - The Name of Person to Appear on Adoption Certificate**

<b>First Name:</b>	<b>Last/Family Name:</b>
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**Post to this address (if different from above)**

<b>Street:</b>	<b>Suburb/Town:</b>
<b>Province/State:</b>	<b>Zip/Post Code:</b>
<b>Country:</b>	<b>Email Address:</b>

Please tick boxes applicable to your payment

**ADOPTION:**      **RENEWAL:**      **DONATION:**

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

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**NAME ON CARD** \_\_\_\_\_ **EXPIRY DATE:** \_\_/\_\_/\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **PAYMENT: \$** \_\_\_\_\_ **(AUSTRALIAN CURRENCY)**  
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**Annual adoption or renewal cost: AU \$60 or \$70 for International Adoptions (includes postage)**

**Your message to recipient:**

**Office use only**

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