



### Contact Details

Family name:	
Given name:	
If KHS Old Boy, years attended school:	
Address:	
E-Mail address:	
Landline phone:	
Mobile phone:	

### Gift Details *please complete as appropriate*

1	Cheque attached for:	\$
2	I wish to make a lump sum contribution via internet banking into the Trust's bank account for the amount of: <b>(BNZ, account number 02-0910-0040423-25)</b>	\$
3	I wish to make a regular contribution (monthly, quarterly, annually) to the Trust by automatic payment, please indicate below:	\$
I have a copy of the AP Form and have set this up		I would like a copy of the AP form sent to the above address or e-mail
4	I wish to contribute other than in cash, I understand the Trust will contact me to discuss, please indicate below how you prefer to help:	

### Feedback – here's your chance!

Please send this form either by attachment to [khstrust@kingshigh.school](mailto:khstrust@kingshigh.school) or to:

King's High School Charitable Trust

270 Bay View Road, Dunedin 9012