The Begg Museum Appeal



YES, I WANT TO SU	IPPORT THE BEGG MUS	SEUM.			
Please accept my o	lonation of:				
Once only	Yearly, for yea	ars			
\$10,000	\$5,000	\$1,000	\$100	Other	\$
Please debit my:	Visa	Mastercard			
Card No					
Cardholder's Name:					
Signature:			Expiry: /	CVC:	
Or: Enclosed is my	cheque payable to: 'Th	e Australasian Beg	g Society of Ortho	odontists'	
Or: By bank transfer to—		International tran	sfers:		
Australasian Begg Society of Orthodontists BSB:035-039 Account number: 540629		Swift Code: WPACAU2S (If 11 characters are needed, use WPACAU2SXXX) Followed by the 12 digit account number: 035039540629			
Your details: (optio	nal, required if you would	l like a receipt):			
Name:				•	
Address:				Postcode	
Telephone:		Email:			
Please do not a	cknowledge my donatio	on publicly			
Bequests—					
"I give (please choose the percent of the residue	grateful for bequests. We ne most appropriate stateme of my estate / the sum of X ım or the Australasian Begg	nt of your wishes): the X to the Australasian B	residue of my estate i egg Society of Orthodo	/ XX percent of my est ontists for the Begg M	useum and

supporting orthodontic history, education or humanitarian orthodontics worldwide. I declare that the receipt of the Secretary or other authorised officer of the Australasian Begg Society of Orthodontists for the bequest shall be sufficient discharge to my trustees."

Please send your completed form to—

The Australasian Begg Society of Orthodontics Office 2E / Second Floor 89 King William Street, Adelaide, South Australia, 5000