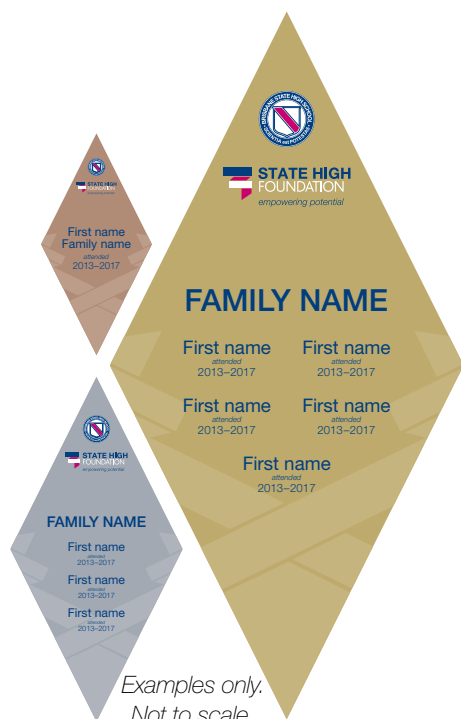


COMMEMORATIVE DIAMOND Family Application

PLEASE ONLY ONE DIAMOND PER APPLICATION FORM

Commemorate your achievements at Brisbane State High School with a personalised Diamond permanently displayed in the *Kurilpa Concourse*.



LEGEND

**Wording to appear
under my name**
(Please insert relevant code
number on your form)

Code

1	attended
2	class of
3	student of 2015
4	staff member
5	staff member since

BRONZE Individual

minimum \$250 donation

FAMILY NAME: _____

First name to appear on Diamond (one name only)	Code # (see legend)	Year of school attendance or year of graduation
1. _____		

SILVER Family Level 1

minimum \$500 donation

FAMILY NAME: _____

First names to appear on Diamond (up to 3 names)	Code # (see legend)	Year of school attendance or year of graduation
1. _____		
2. _____		
3. _____		

GOLD Family Level 2

minimum \$1,000 donation

FAMILY NAME: _____

First names to appear on Diamond (up to 7 names)	Code # (see legend)	Year of school attendance or year of graduation
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		

- Please complete this form ONLINE **or** print and write in BLOCK letters.
- Family name will appear only once on each Diamond at the top in FULL CAPS. Names of individuals will appear below.
- Maximum 14 characters per line.
- Year of school attendance **or** year of graduation will appear below each individual name.
- Attendance will be verified by Brisbane State High School.
- As space is limited, specific details can not be included (eg. *Degrees, Titles or Awards*).
- If you would like more than five (5) Diamonds, please contact the State High Foundation Coordinator, via details below.

Please return your completed form and payment to the State High Foundation via the School Reception or:

Fax (07) 3291 4100 | Email statehighfoundation@eq.edu.au | PO Box 3418 South Brisbane Qld 4101 Australia

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DONOR CONTACT DETAILS

Title (Mr/Mrs/Miss/Ms/Dr) _____

Name _____

Address _____

_____ Postcode _____

Phone _____

Email _____

All donations to the State High Foundation are fully tax deductible.

PAYMENT OPTIONS

☐ I wish to make my contribution via cheque.

My cheque of \$ _____ is enclosed.

Please make cheques payable to: **State High Foundation**

OR

☐ Please debit my credit card.

Card type ☐ Mastercard ☐ Visa

Card name _____

Card number _____ / _____ / _____ / _____

Expiry date ____ / ____ CVC _____ (on back of card)

Signature _____

Please issue a Tax Receipt to

DONATION

I wish to make a donation to help the State High Foundation reach its goals.

I would like to secure the following Diamond/s in recognition of my donation (*please tick only **one** of the following*):

☐ **BRONZE**
Individual
minimum \$250 donation
one name only

☐ **SILVER**
Family Level 1
minimum \$500 donation
up to 3 names

☐ **GOLD**
Family Level 2
minimum \$1,000 donation
up to 7 names

If you have any other queries regarding this great opportunity, please contact the State High Foundation coordinator, via details below.

PRIVACY NOTICE

The information you supply will be used solely for processing donations to the State High Foundation. Your details will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements.

References to State High Foundation are to The Trustee for the Friends of BSHS Foundation Building Fund (ABN 37 318 629 081), which is an endorsed gift recipient under the Income Tax assessment Act, 1997 and has been granted a sanction for making of appeals of support under the Collections Act (Qld) 1966.

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www.statehigh.com.au/state-high-foundation