ABOUT YOU:						
Old Wesleyan	Current family	Past family	Current staf mem	nber Past staf	member Other	
TITLE	FIRST NAME			SURNAME		
ADDRESS						
TELEPHONE			EMAIL			
ACKNOWLEDG	EMENT:					
DONOR NAME(S)						
*						
PAYMENT DETA	AILS:					
			contact me to arrange omat c bank deduct on.			
Card No.:					Expiry Date:	/
CARDHOLDER NAME (PLEASE	PRINT)			SIGNATURE		
I am interested in	learning more about n	naking a bequest	in support of the	College. I have	made provision for We	sley College in my v