KENNETH JAMES MCPHERSON FOUNDATION

Supporting Pre-Hospital Care Research and Education

Who was Kenneth James McPherson?

In 1987 a Queensland Ambulance Officer, aged 27 years, lost his life in an Aerial Ambulance crash in Bundaberg. His name was Kenneth James (Jim) McPherson. Jim embodied the qualities of the men and women who are the Paramedics in Queensland Ambulance Service today – compassionate, accountable, respectful, ethical, responsible and sensitive.

Jim demonstrated a strong commitment to training, education and research. The Kenneth James McPherson Foundation was established in his name to provide opportunities for research and education into pre-hospital care that would provide better patient outcomes.

About the Foundation

The Foundation raises money by way of gifts (donations and bequests) and sponsorships which can be tax deductible in accordance with the Australian Taxation Office guidelines. Your donation will help equip Queensland Ambulance Service Paramedics with educational and research skills over and above the already high standards provided by conventional funding.

Your financial support will help Queensland Ambulance Service provide world class outcomes in pre-hospital emergency care by providing the additional funding to place Queensland at the cutting edge of research and education. Core areas such as injury and major trauma, road accidents, and cardiac arrest are prime focus areas of research and education.

Tax Deductibility

The donation you give may help to save the life of a loved one or your own. Gifts (donations) over $2.00 to the Kenneth James McPherson Foundation are tax deductible and a receipt will be sent to you.

Send coupon with cheque/money order in an envelope to: Kenneth James McPherson Foundation, GPO Box 1425, Brisbane Qld 4001.
Alternatively phone 3247 8368 or fax 3247 8351 to give credit card details.
ABN 51 785 659 894

Given Names (please print) _____

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Cheque/Money Order – make payable to 'Kenneth James McPherson Foundation' for $_____
or debit my credit card for $_____

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Full name on card _____

Signature _____ Expiry date ___/___

The privacy and confidentiality of the information held about you will be respected. Personal information will only be given to another person if this is important for your care or is required or authorised by law.