

# Donation Form

**Yes! I would like to make a donation to help medical research.**

**Single Gift**

Amount you would like to donate:

\$ \_\_\_\_\_

**Monthly gifts**

Amount you would like to donate each month:

\$ \_\_\_\_\_

*Please debit my credit card on the 10th of each month.*

**How you would like to donate:**

Please tick  Amex  Visa  MasterCard

Card number | | | | | | | | | | | | | | | | | | | | | |

Name on card \_\_\_\_\_

Expiry date \_\_\_\_\_

Signature \_\_\_\_\_

Or

Cheque/Money Order enclosed.  
Payable to Centenary Institute Medical Research Foundation.

**Details for your donation receipt:**

Title \_\_\_\_\_ First name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country (if outside Australia) \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**Thank you for your generous support.**

Complete the details on this form and post to:  
Centenary Institute Medical Research Foundation  
Reply Paid 83998 Newtown NSW 2042  
*(no stamp required)*  
or simply call us on 1800 677 977 (9am to 5pm)  
Fax: 02 9565 6111

All donations \$2 and over are tax deductible.

