

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.

