

Please accept my gift below as a contribution to the Centenary Institute's research programs and my commitment to the future health of our nation.

**PLEASE ACCEPT MY SINGLE GIFT OF**

\$50    \$125    \$200    \$350    \$500

My choice of \$

**OR PLEASE ACCEPT MY REGULAR MONTHLY CREDIT CARD GIFT OF:**

\$



Understanding DISEASE  
...Finding a CURE

**MY GIFT DETAILS**

**Cheque/Money Order** - please find enclosed Made payable to 'Centenary Institute'    Cheque    Money Order

**OR Please charge my credit card**    Visa    Mastercard    Amex

Card Number    Expiry  /

Name on card    Signature

To make a secure online gift, visit [www.centenary.org.au/support-us/donate/](http://www.centenary.org.au/support-us/donate/)

Or call us to make a gift over the phone or to discuss EFT Direct Deposit or regular monthly giving Direct Debit via your nominated bank account **1800 677 977**

**THIS GIFT IS FROM**

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

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Suburb \_\_\_\_\_ State \_\_\_\_\_ PC \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

*Thank you*

**MY GIFT IS**

- Personal
- Business - name of Business if receipt is to be issued to business \_\_\_\_\_
- From a community group/fundraiser
- I do not require a receipt

**Centenary Institute**  
**Medical Research Foundation**  
REPLY PAID 83998 NEWTOWN NSW 2042  
ABN 85 778 244 012 | 1800 677 977



**PLEASE  SEND ME or  CONTACT ME regarding information on:**

- Becoming a Regular donor    Arrangeing a visit to Centenary for a tour and to meet some of our scientists
- Including a gift to Centenary Institute in my Will    I have already left a gift to Centenary in my Will

**MY FEEDBACK**

\_\_\_\_\_  
\_\_\_\_\_

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