

**GARVAN RESEARCH FOUNDATION
IN MEMORIAM DONATION FORM**



Please complete and return this form to:
Garvan Research Foundation
Reply Paid 68593
Darlinghurst NSW 2010
(no stamp required)
OR
Fax to **(02) 9295 8507**

*Garvan Research Foundation is
the marketing and fundraising
arm of Garvan Institute.*

ABN: 91 042 722 738

YOUR DETAILS

Title _____ First Name _____ Surname _____

Mailing Address: _____

Suburb _____ State _____ Post Code _____

Daytime Phone: _____ Mobile: _____

email: _____

YOUR GIFT

Yes! I would like to be part of Garvan's breakthrough medical research by making a tax-deductible donation of

\$ _____

- My cheque or money order made payable to Garvan Research Foundation is attached or
- Please debit my credit card

If you would like your gift to go towards a specific research program please tick below:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes and Obesity | <input type="checkbox"/> Arthritis and Inflammation |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Neuroscience | <input type="checkbox"/> Pituitary Disorders |

YOUR CREDIT CARD DETAILS

Visa MasterCard Amex Bankcard

Card Number: |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__| Expiry Date: |__|__| / |__|__|

Cardholders Name: _____

Signature: _____ Date _____

IN MEMORIAM DONATIONS *(Please print clearly)*

My gift is in memory of _____:

Please send acknowledgement of my gift to:

Title _____ First Name _____ Surname _____

Mailing Address: _____

Suburb _____ State _____ Post Code _____

Relationship of next of kin to the deceased _____

**Thank you for your kind support of Garvan's medical research.
Your assistance will help us in our progress towards cures.**

YOUR COMMUNICATION OPTIONS

Typically the Garvan sends two to three appeal letters a year as well as three issues of our newsletter *breakthrough*. We also send information about our free disease information seminars. You may alter the communications you receive from us at any time. Please let us know if you

- Wish to receive **only one appeal letter** a year in May/June
- Do not wish to receive any appeal letters
- Do not wish to receive our newsletter *breakthrough*
- Do not wish to receive seminar information
- Do not wish to receive any further communication from Garvan (other than receipts)
- Would only like to receive our newsletter and seminar information by email (please remember to include your email address above)
- I am particularly interested in the _____ research/disease area

ANY OTHER COMMENTS?
