

# GARVAN BEQUEST ADVICE

Title\_\_\_\_\_ First Name\_\_\_\_\_ Surname\_\_\_\_\_

Address\_\_\_\_\_

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

Telephone (daytime)\_\_\_\_\_

Email\_\_\_\_\_

**I would like to confirm I have made a bequest to Garvan in my will and am therefore a Garvan *Partner for the Future***

*I would like to be acknowledged on the Garvan Honour Board and Annual Report under the name of:*

\_\_\_\_\_

*I prefer not to be acknowledged on the Garvan Honour Board or Annual Report*

*I prefer not to be invited to special events*

**I would like to confidentially discuss making a bequest to Garvan's medical research. Please contact me at the above number. The best day and time to call is**

\_\_\_\_\_

Please return this Bequest Advice to:

CEO  
Garvan Research Foundation  
Reply Paid 68593  
384 Victoria Street  
Darlinghurst NSW 2010

Telephone: 02 9295 8114  
Facsimile: 02 9295 8151  
foundationceo@garvan.org.au

