☑ YES! I want to be part of Garvan's breakthrough medical research

Title _____ First Name _____ Last Name _____

Address _____

Suburb _____ State _____ Postcode _____

Daytime Phone _____ Mobile _____

Email _____

Yes! I want to become a Garvan Institute Associate. Please accept my regular monthly donation of:

☐ $20 ☐ $25 ☐ $30 ☐ $50 ☐ $100 $ _____ (amount of your choice min $5)

I authorise regular monthly deductions from the nominated credit card or bank account below until further notice.
(Please complete Option 1 (credit card) or Option 2 (bank account) below.)
or

☐ I cannot become a Garvan Institute Associate at this time, but please accept my one-off donation of $ _____
(Please attach a cheque or money order made out to Garvan Research Foundation or to donate by credit card fill Option 1 below.)

All donations $2 and over are tax deductible.

Option 1 – Credit Card

☐ Visa ☐ MasterCard ☐ Amex ☐ Bankcard

Card Number |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| Expiry Date |_|_|/|_|_|

Cardholder's Name _____

Signature _____ Date _____

Option 2 – Direct Debit Request (DDR) From Your Bank Account

I/we request and authorise Garvan Research Foundation [User ID Number 330891] to arrange, through its own financial institution, for the amount above to be debited through the Bulk Electronic Clearing System from the account held at the financial institution nominated below, and paid to Garvan Research Foundation. I understand that regular donations will be debited from my/our nominated account on the 15th day of every month (or the first working day after) and will begin in the month after you receive this request until further notice. This will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Financial Institution Name _____

Financial Institution Address _____

Name of Account _____

BSB Number |_|_|_| – |_|_|_| Account Number |_|_|_|_|_|_|_|_|

Signature _____ Date _____

Signature _____ Date _____

(If signing for a company, please include capacity for signing eg. Director.)

Note: Direct Debiting is not available on all accounts. If in doubt, please check with your financial institution.

Acknowledgement: By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Garvan Research Foundation as set out in this Request and in your Direct Debit Request Service Agreement.

To donate to Garvan:

✉ Post: Send this coupon to Garvan Research Foundation,
Reply Paid 68593, Darlinghurst NSW 2010 (no stamp required)
☎ Call: **1300 73 66 77** (9am to 5pm) 🖷 Fax: **(02) 9295 8151** (please use this coupon)
Online: **www.garvan.org.au**

GARVAN RESEARCH FOUNDATION

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