

Partner for Discovery 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

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

ABN: 91 042 722 738

MY DETAILS

Address

Suburb _____

State _____ Postcode _____

Home _____

Mobile _____

Email _____

MY GIFT

Yes! I would like to be a Partner for Discovery with a monthly donation of:

\$20 \$30 \$50 \$100 or my choice of: \$ _____ (min. contribution \$5/monthly)

I'd like my donation to be taken on the: 1st or 15th each month starting in: _____

Until further notice, I authorise regular deductions from my:

credit card (Please complete Option 1 credit card - below)

bank account (Please complete Option 2 - Bank Account - overleaf)

I cannot become a Partner for Discovery at this time, but please accept my donation of:

\$ _____

I enclose my cheque or money order made out to Garvan Research Foundation with this form.

OR

Please deduct this amount from my credit card below. (Please fill out Option 1 – Credit Card below)

MY PAYMENT OPTIONS

Option 1 – Credit Card

Visa

MasterCard

Amex

Diners Club

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

Cardholders Name: _____

Signature: _____ Date _____

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

I/we request and authorise Garvan Research Foundation [User ID: 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 my chosen day of the month (or the first working day after) and will begin 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 holder _____

BSB number |__|__|__| - |__|__|__| Account number |__|__|__|__|__|__|__|__|

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.

COLLECTION STATEMENT

About your personal information

Garvan collects personal information to process donations, issue tax receipts and to send updates and appeals. For these purposes, your information may be shared with trusted third parties and our service providers (and their directors, servants and agents), either in Australia or overseas. Failure to provide personal information may result in Garvan Research Foundation being unable to provide you with receipts and other information. Our Privacy Policy enclosed (and also available at www.garvan.org.au/s/privacy) contains information about: (i) how you can access and correct your personal information; (ii) how you can lodge a complaint regarding the handling of your personal information; and (iii) how any complaint will be handled by Garvan. You may contact our privacy officer with any queries via email: foundation@garvan.org.au or phone **1300 73 66 77**.

From time to time, Garvan may allow like-minded charities to contact you with information that may be of interest to help increase support for our causes. If you do not wish to receive communications from other like-minded charities, please tick this box:

Please tick the options below or call **1300 73 66 77** and return this form to us to choose your communication preferences.

YOUR COMMUNICATION OPTIONS

Typically Garvan sends two to three appeal letters a year as well as four 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:
 - February May/June October
- 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 communications by email
Please include your email address here: _____

Thank you for your kind support of Garvan's medical research!