

Thank you from the Garvan Family!

Thank you for choosing to support Garvan. Every time you donate, you are supporting life-changing research. We see a future where we're able to stop disease before it starts.



Garvan Institute
of Medical Research

In turn, we want to ensure that you are inspired by the work you're helping make possible. Please use this form to ensure we have your correct details, tell us your research interests and let us know what type of contact you would like.

Please complete and return this form to:

Garvan Research Foundation
Replay Paid 68593
Darlinghurst NSW 2010 (no stamp required)
Fax: (02) 9295 8136

Your details: Please include your details below.

Title: _____ First name: _____ Surname: _____
Addressee: _____
Suburb: _____ State: _____ Postcode: _____
Your date of birth (*Helps us to identify you on our database*): _____
Email address : _____
Day phone: _____ Mobile: _____
Supporter number (*if known*): _____

Your research interests (*tick as many as you would like*).

From time to time we send you information about our areas of research (including invitations to seminars). Please indicate any areas you are particularly interested in.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Autoimmune diseases | <input type="checkbox"/> Breast cancer | <input type="checkbox"/> Cancer, please specify type _____ | |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Crohn's disease | <input type="checkbox"/> Dementia, such as Alzheimer's disease | |
| <input type="checkbox"/> Epigenetics | <input type="checkbox"/> Genomics and DNA analysis | <input type="checkbox"/> Immune disease | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Neurological disorders | <input type="checkbox"/> Obesity | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Pancreatic cancer |
| <input type="checkbox"/> Parkinson's disease | <input type="checkbox"/> Prostate cancer | <input type="checkbox"/> Rare Cancers | <input type="checkbox"/> Rare diseases |
| <input type="checkbox"/> Type 1 Diabetes | <input type="checkbox"/> Type 2 Diabetes | <input type="checkbox"/> Other, please specify _____ | |

Your inspiration for giving to Garvan

Please tell us the main reason you were inspired to give to Garvan:

- I suffer/suffered from a disease A friend or family member suffers/suffered from a disease
 I believe in medical research to find cures for major diseases
 I like to keep up to date with the latest medical research advances
 I want to contribute to finding cures for major diseases
 Other: _____

Your current engagement in the health community

Please tell us the main reason you were inspired to give to Garvan:

What current health topics are most important to you? _____
Where do you currently seek information on health topics? _____
What are your biggest concerns around the current COVID-19 health crisis? _____

Your communication preferences

We keep you up to date with how you're helping our research by sending you information and news.

Our records currently show that you currently receive: **3 appeals a year and our breakthrough donor magazine**

Tick here if you would like to keep these as your communication preferences

Or, select each of the items you would like to receive below

Appeal letters about current research projects

February Yes No

May/June Yes No

October Yes No

Garvan's donor magazine *breakthrough* by mail Yes No

Garvan's donor magazine *breakthrough* by email Yes No

(Please provide your email address: _____)

Invitations to special events: Yes No

(Garvan offers supporters the opportunity to hear from Garvan scientists first-hand through virtual seminars, tours, face-to-face public seminars and other special events.)

Giving Regularly

If you haven't already, please consider becoming a Partner for Discovery by making regular contributions to Garvan's medical research. This type of giving helps our scientists to plan their work secure in the knowledge of ongoing funding, while also being more convenient for you.

Yes, I would like to make a monthly donation of \$ _____. Please deduct instalments from my credit card below on the 15th of each month until further notice. I understand I may alter/stop my payments at any time.

Visa Mastercard AMEX Diners Club

Card Number Expiry date:

Cardholder's Name: _____

Signature: _____ Date: _____

I would like to make regular donations from my bank account. Please send me the relevant form.

Giving in your Will – Becoming a Partner for the Future

A gift in your Will to Garvan will transform the health and lives of future generations. Please **contact our Bequest Manager on 02 9295 8559 or bequests@garvan.org.au** for more information or indicate below:

I would consider a gift to Garvan in my Will but would like more information before I make this decision.

I have already mentioned Garvan in my Will.

Further information

I would like further information about: _____

Payroll giving/salary sacrifice (pre-tax donations) Making a significant/major gift

Comments

Garvan welcomes your feedback on our communications, our work or any questions you might have. Please use this space to let us know what you think.