

GARVAN RESEARCH FOUNDATION 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 donate to pituitary disorders research. Please accept my donation of:

\$ _____

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

YOUR CREDIT CARD DETAILS

Visa MasterCard Amex Bankcard

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

Cardholders Name: _____

Signature: _____ Date _____

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

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