## GARVAN RESEARCH FOUNDATION IN MEMORIAM 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 8151



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 disorde	rs research. Please accept my	donation of:
☐ My cheque or money order made paya☐ Please debit my credit card	\$ble to Garvan Research Foundat	ion is attached or
YOUR CREDIT CARD DETAILS		
□Visa □MasterCard □Amex □Bankcard		
Card Number:   _	Expiry Date:	_  /
Cardholders Name:		
Signature:		
IN MEMORIAM DONATIONS (Please print clearly	y)	
My gift is in memory of	:	
Please send acknowledgement of my gift to:		
Title First Name	Surname	
Mailing Address:		
Suburb		
Relationship of next of kin to the deceased		

## YOUR COMMUNICATION OPTIONS

Typically the Garvan sends two to three appeal letters a year as well as three issues of our newsletter <i>breakthrough</i> . 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 <b>only one appeal letter</b> a year in May/June		
☐ Do not wish to receive any appeal letters		
☐ Do not wish to receive our newsletter <i>breakthrough</i>		
☐ 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 theresearch/disease area		
ANY OTHER COMMENTS?		