

I would like to help Menzies School of Health Research continue their ground-breaking research.

Name: _____

Postal address: _____

Suburb: _____ State: _____ Postcode: _____

Phone (H): _____ (W): _____

Email: _____

Brief details about your event: _____

I would like to make a donation to Menzies of:

\$25 \$50 \$100 \$250 \$500 \$1000

Other \$ _____

Please make my payment via the following method:

Direct Deposit

Date deposited: _____

Reference Number: _____

Cheque/Money order enclosed
(made payable to Menzies School of Health Research)

Mastercard VISA

Card number: _____

Expiry date: _____ / _____ CRV number*: _____

*The CRV number is the last 3 digits of the number next to your signature.

Name on card: _____

Signature: _____

Also...

- I am interested in finding out more about becoming a regular donor.
- I am interested in finding out more about making a bequest to Menzies in my will.
- I would like my donation to remain anonymous.

thank you for your support!