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 the Australian Pancreatic Cancer Genome Initiative. 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.