Celebratory Gift

ONE Donation in Honour of

Name of Person Celebrating _____

On the occasion of _____
(eg. 50th birthday, silver wedding anniversary; confirmation etc)

TWO Your details

Title _____ First name _____

Surname _____

Company _____

Address _____

_____

_____ State _____ Postcode _____

Country _____

Phone _____

☐ Home ☐ Work ☐ Mobile *(Please Tick)*

Email _____

THREE Indicate the amount your are donating

☐ $35 ☐ $50 ☐ $75 ☐ $100 ☐ $250 ☐ $500

☐ or other amount you wish to give $ _____

FOUR Payment details - Choose whether you are donating by

☐ **Credit Card**, please debit my: ☐ Visa ☐ Bankcard ☐ Mastercard ☐ Amex

Card No _____ Amex ID Number _____ Expiry Date _____

Name on Card _____ Signature _____

☐ **Cheque**, made payable to the Woolcock Institute of Medical Research, is enclosed.

FIVE Contact Details the person you're honouring (so we can advise of your kind gift)

First Name _____ Surname _____

Address _____

_____ State _____ Postcode _____

SIX Send payment

Please enclose this form with your cheque or money order and post it to:
Woolcock Institute of Medical Research, Reply Paid 77, Missenden Rd, Camperdown NSW, 2050

Credit card donations can be made by phone or fax
Phone 02 9114 0010 **Fax** 02 9114 0013

☐ Please send me information on making a gift in my will (bequest) to the Woolcock.

Donations to the Woolcock Institute of Medical Research over $2 are tax-deductible.

Thank you for your support.

WOOLCOCK
INSTITUTE of MEDICAL RESEARCH