

DONATION FORM

Help today's scientists to protect tomorrow's children.



**CHILDREN'S
MEDICAL
RESEARCH
INSTITUTE**



Yes,

I would like to DONATE NOW to help Children's Medical Research Institute fund their vital research programs.

1. PERSONAL DETAILS

Title: Mr / Ms / Miss / Mrs / Other: _____

First Name: _____ Surname: _____

Address: _____

Town/City: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

*Date of Birth: ____ / ____ / ____

Supporter Number (if known): _____

* As part of current privacy legislation you are entitled to view all your personal information held by the Children's Medical Research Institute. We ask for your date of birth as verification of your identity in the event you wish to access this information. Children's Medical Research Institute respects your privacy. If you do not wish to receive further communication, please contact our Supporter Services team on 1800 GENIES (436 437).

2. DONATION AMOUNT

My/Our donation today is: \$15 \$25 \$40 My choice of \$ _____

Donations of \$2 and above are tax deductible.

3. PAYMENT OPTIONS

Please debit my credit card

Credit Card Type: Mastercard Visa Diners Amex

Credit Card Number:

Credit Card Expiry Date: / Amex ID: (if applicable)

Cardholder Name: _____

Cardholder's Signature: _____ Date: ____ / ____ / ____

Please find enclosed cheque made payable to Children's Medical Research Institute.

Please find enclosed money order made payable to Children's Medical Research Institute.

I would like to receive more information on:

- Giving a gift in memory
- Regular Giving by becoming a Discovery Partner
- Wills & Bequests

Please return this completed form via fax or post to:

Fax: 1800 GENFAX (436 329)

Mail: Children's Medical Research Institute

Locked Bag 23, WENTWORTHVILLE NSW 2145