

## DONATION FORM

### YOUR DETAILS

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Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### YOUR GIFT

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**Yes! I want to support medical research at MIMR by making a tax-deductible donation of \$ \_\_\_\_\_**

If you would like your gift to go towards a specific research program, please tick below:

- |   |                                      |   |   |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Where most needed              | <input type="checkbox"/> Cancer      | <input type="checkbox"/> Reproductive Biology | <input type="checkbox"/> Stem Cells     |
| <input type="checkbox"/> Immunity & Infectious Diseases | <input type="checkbox"/> Baby Health | <input type="checkbox"/> Men's Health         | <input type="checkbox"/> Women's Health |

Please find enclosed my cheque/money order made payable to  
"Monash Institute of Medical Research".

Please debit my credit card:  MasterCard  Visa

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MIMR COMMUNICATIONS

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MIMR sends four appeal letters per year and four issues of our newsletter, *MI News*.

You may alter communications you receive from us at any time.

Please let us know if you:

- wish to receive all appeal letters, or only in  March,  May,  September,  December
- do not wish to receive any appeal letters
- would prefer to receive the newsletter by email
- do not wish to receive the newsletter
- do not wish to receive any further communications from MIMR

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#### **Please post your donation to:**

Monash Institute of Medical Research

Reply Paid 5418

CLAYTON VIC 3168

No stamp is required if posted in Australia

Or phone our free call number 1800 424 055

**Thank you for your kind support of MIMR**

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