

## RON EVANS CANCER RESEARCH FELLOWSHIP 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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**I want to support cancer research through a tax-deductible donation to the Ron Evans Cancer Research Fellowship of \$ \_\_\_\_\_**

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 and four issues of our newsletter, *MI News* per year.

You may alter the 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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