

# Research Donation Form

I would like to donate to Calvary Mater Newcastle Research, supporting researchers at the hospital who are committed to improving the lives of patients through medical discovery and innovation.

## Your Details

Mr   
  Mrs   
  Ms   
  Dr   
  Other \_\_\_\_\_

First name \_\_\_\_\_ Surname \_\_\_\_\_

Company \_\_\_\_\_

Postal Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### Stay in touch with Calvary Mater Newcastle

Email   
  Mail   
  I do not wish to receive updates

## Your Donation

### Please accept my donation of

\$25   
  \$50   
  \$100   
  \$200   
  Other \_\_\_\_\_

One time only   
  Monthly   
  Annually

*If you have selected monthly or annual donations, your donation will be deducted from the credit card nominated below on a monthly or annual basis as specified. You may provide notice to us in writing at any time to cancel this authority.*

### Reason for my donation

In memory of \_\_\_\_\_

Other \_\_\_\_\_

### Please direct my donation to Calvary Mater Newcastle

General Health and Medical Research Fund   
  Cancer Research Fund

## Payment Details

### I am paying by

Visa   
  MasterCard   
  Cheque\*   
  Money Order\*

\* Please make Cheques or Money Orders payable to **Calvary Mater Newcastle**

Card number:

Expiry date:   /

Cardholder's name \_\_\_\_\_ Signature \_\_\_\_\_

### Please send completed form to

Public Relations  
 Calvary Mater Newcastle  
 Locked Mail Bag 7, Hunter Region Mail Centre  
 NSW 2310

### Enquiries

Public Relations  
 02 4014 4714  
 02 4014 4712

### OFFICE USE ONLY

Account and Cost Centre:

\_\_\_\_\_

**Thank you! Donations over \$2 are tax deductible and your receipt will be mailed to you.**