



Donation form

Yes, I would like to support important medical research at **QIMR**

DONOR INFORMATION *(please print)*

Title Mr Mrs Miss Ms Dr Other _____

First name _____ Last name _____

Street _____

Suburb _____ State _____ Postcode _____

Phone number _____ Mobile Number _____

Email Address _____

DONATION INFORMATION

I would like to make a donation of \$ _____ to be paid

Now Monthly Quarterly Yearly

PAYMENT METHOD

I would like to make this donation in the form of:

Cheque or money order (made payable to QIMR)

or

Visa Master Card American Express Diners Club

Credit card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cardholder's name _____ Expiry date _____

Cardholder's signature _____

Donate by mail

QIMR
Reply Paid 70885
Royal Brisbane Hospital, Qld 4029

No postage stamp required

Donate by fax (07) 3362-0102

Donate by phone

Freecall 1800 993 000

You will receive a receipt for taxation purposes shortly

Thank you for your kind support – it is received with much gratitude