



Queensland Institute of  
**Medical Research**

# Regular Giving Club

**Yes! I want to join the Regular Giving Club and make monthly donations to the Queensland Institute of Medical Research**

## Your details

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

Daytime phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Have you made a donation to the Queensland Institute of Medical Research before?  Yes  No

If yes, please provide your donor ID number: \_\_\_\_\_

I would like to make a monthly donation of:  \$25  \$50  \$70  \$100 or \$ \_\_\_\_\_

## Option 1: Please arrange my monthly donation from the following credit card:

I authorise Queensland Institute of Medical Research to debit the below credit card from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ unless notified otherwise.

      

Card number:                 Expiry date: \_\_\_\_ / \_\_\_\_

Name of cardholder: \_\_\_\_\_

Cardholders's signature: \_\_\_\_\_

## Option 2: Please arrange my monthly donation from the following bank account:

I/we authorise Queensland Institute of Medical Research (QIMR, User ID 407172 ) to debit the below bank account on 15th of each month (or next business day). I/we understand that this debit will be made through the Bulk Electronic Clearing System and will be subject to the terms and conditions of the Direct Debit Request Service Agreement overleaf unless notified otherwise.

Name of account: \_\_\_\_\_ Name of financial institution: \_\_\_\_\_

Branch: \_\_\_\_\_ BSB:       Accnt No:

Signature: \_\_\_\_\_

## Please return this form by:

**POST:** Regular Giving Club  
Queensland Institute of Medical Research  
Locked bag 2000, Royal Brisbane Hospital, Q 4029  
**FAX:** 07 3362 0102

For all enquiries about our Regular Giving Club, please call 1800 993 000 or email supportus@qimr.edu.au.

A letter will be mailed to you confirming your membership.  
Thank you for your support.

## **Direct Debit Service Agreement**

**This document outlines our service commitment in respect of the Direct Debit Request arrangements made between Queensland Institute of Medical Research (User ID 407172) and you, our supporter. It sets out our commitment to you, your responsibilities to us and who you should contact if you require assistance.**

### **QIMR will:**

- Keep your information confidential, except where permitted by law or required for conducting direct debits with your financial institution and for a related query, dispute or claim.
- Confirm the details of the direct debit arrangement prior to the first drawing and advise the commencement date of the first drawing.
- Debit your nominated financial institution account on the 15th of each month for bank accounts or as per the selected date you elect for credit card debits.
- In the instance that you will not be charged a dishonour fee by your financial institution, we may reattempt an unsuccessful bank account direct debit within 15 days of original drawing date.
- Give you at least 10 days notice before we change the terms of the Direct Debit Service Agreement.
- Issue you with a tax deductible receipt for your accumulated donations at the end of each financial year. Donations of \$2 or more are tax deductible.

### **It is your responsibility to:**

- Ensure your nominated account can accept direct debit as it is not available on every account. If unsure, ask your financial institution.
- Ensure there are sufficient clear funds available in the nominated account to meet each debit on the due date. If the transaction is returned unpaid, we will contact you seeking your instructions. Should a debit be returned unpaid you are responsible for any fees that are incurred against your account by your financial institution.
- Notify us in writing at least 14 days prior to the debit date, if the nominated account is transferred or closed, the account details change or if you would like to defer, cancel or alter the Direct Debit Request arrangements.

### **Contact us:**

- For your ease, please direct all enquiries to us rather than your financial institution. Our friendly team can be contacted via:
  - o Free call: 1800 993 000
  - o Fax: (07) 3362 0102
  - o Email: [supportus@qimr.edu.au](mailto:supportus@qimr.edu.au)
  - o Postal address: 300 Herston Road Herston QLD 4006

### **Disputes:**

- If you believe that a drawing has been completed incorrectly, please contact us immediately on 1800 993 000 so that we can resolve your query quickly.

### **Privacy and Confidentiality:**

- The personal information you provide to us (including details in your Direct Debit Request) is kept confidential according to privacy legislation. Any information you provide QIMR will be treated in the strictest of confidence and will be used by QIMR in connection with the administration of your pledge. Your privacy is important to us.