HUDSON
INSTITUTE OF MEDICAL RESEARCH

*Please complete the form below and return it together with your gift*

This donation is to celebrate:

Please find enclosed a gift of $

Would you like us to advise family or friends that you have contributed? Yes ☐ No ☐

*We do not disclose the amount*

If yes, please provide details of the person to be advised:

Their name

Their address

Their suburb Postcode:

Please make cheque payable to **Hudson Institute of Medical Research**. Your gift is tax deductable.

Your name

Your address

Your phone: (h) (w) (mobile)

Your name

Donation amount $:

Please tick:

☐ **Cheque** ☐ **AMEX** ☐ **MASTERCARD** ☐ **VISA** ☐ **Diners**

Card № ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Cardholder's Name Signature Expiry Date / (mm/yy)

**Please post this form to the address below (no stamp required):**

Hudson Institute of Medical Research Foundation
27-31 Wright Street
Clayton, VIC 3168

**Phone:** 03 9902 4700

Hudson Institute respects your privacy and complies with the Privacy Act, 1988 (Cth) and ammendments.
Your details remain confidential and we do not pass on any data to third parties. ABN 48 132 025 024