

Yes

I would like to help with *Improving life through brain research* by making a gift to
Florey Neuroscience Institutes

ONE Personal details for receipt

Title _____ First name _____

Surname _____

Company (if applicable) _____

Address _____

State _____ Postcode _____

Country _____

Telephone _____

Home Work Mobile (Please Circle)

Email _____

TWO Please indicate the amount of your gift

\$35 \$50 \$75 \$100 \$250 \$500 Gift of Choice \$ _____

THREE Payment details - please choose your method of giving

Credit Card, please debit my:

VISA MASTERCARD DINERS AMEX

Card No: _____ Amex ID _____ Expiry Date ___/___

Name on Card _____ Signature _____

Cheque, made payable to Florey Neuroscience Institutes, is enclosed.

FOUR Please indicate if you wish to be part of our regular giving program

Please charge \$ _____ to my credit card every Month Quarter Year
until I advise you in writing of my wish to cancel.

FIVE Please indicate if you wish to apply your gift to a particular area of research

- Addiction, Alzheimer's, Brain & Spinal Trauma, Depression, Epilepsy, Huntington's, Motor Neuron,
 Multiple Sclerosis, Parkinson's, Schizophrenia, Stroke
 Clinical research - program name: _____

SIX Send payment

Please enclose this form with your cheque (if applicable) and post it to:

Community Engagement & Fundraising Manager, Florey Neuroscience Institutes, The University of Melbourne Vic 3010.

Post or Fax this form to 03 9347 0446 for Credit Card Gifts.

- PLEASE CONTACT ME ABOUT MAKING A BEQUEST TO FLOREY NEUROSCIENCE INSTITUTES
 PLEASE SEND ME INFORMATION ABOUT MAKING A BEQUEST TO FLOREY NEUROSCIENCE INSTITUTES

Gifts of \$2 and over to Florey Neuroscience Institutes are tax deductible.

I do not wish to be included on your mailing list for future communications.

Thank you for your support

