Everyday Angel Donation Registration Form

My contact details are:

Title: _______ Given name: ___________________ Family name: ______________________________
Home address: ______________________________________________________________________
State: _______ Postcode: _______ Country: ___________ Phone: ____________________________
Email ______________________________ D.O.B (optional): _____ / _____ / _____

Monthly donation amount:

☐ $25 ☐ $50 ☐ $100 ☐ $500 ☐ Other $: ______________________________

Research/disease area: ____________________________ Date commenced: _____ / _____ / _____

Signature: ____________________________________________________________________________

☐ I do not wish to have my name published and would like my payments to remain anonymous

☐ I would like the quarterly Menzies Institute for Medical Research Bulletin sent to my
☐ address or ☐ email (listed above)

☐ In addition to making my regular donations, I am interested in receiving information about
the Menzies Appeals

Please charge my credit card: ☐ Visa ☐ MasterCard

Cardholder’s name: __________________________________________________________________

Card no: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expiry date: __ __ / __ __

Signature: ____________________________________________________________________________

Thank you for your support.

For more information, visit menzies.utas.edu.au

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