In Memoriam Gift

HEART RESEARCH CENTRE

My donation is made in memory of (Dr/Mr/Mrs/Ms/Miss/Other) _____

I would like to give $_____ **by**

☐ Cheque/Money Order enclosed (Payable to Heart Research Centre) **OR**

Credit card details:

Please debit $_____to my: ☐ MasterCard ☐ Visa

Card Number:

****PLEASE DO NOT SEND CASH****

Signature_____

Cardholder's Name_____ Expiry Date: _____/_____

Please send a receipt for my donation to me:

Name (Dr/Mr/Mrs/Ms/Miss/Other): _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Daytime Phone: _____ Evening Phone: _____

Please send a letter acknowledging my donation to:

Name (Dr/Mr/Mrs/Ms/Miss/Other): _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Daytime Phone: _____ Evening Phone: _____

Please post this form to: Administration Manager
Heart Research Centre, PO Box 2137 The Royal Melbourne Hospital VIC 3050
Telephone: (03) 9326 8544 Fax: (03) 9326 5066

PROTECTING YOUR PRIVACY: The personal information that you provide will only be used by the Heart Research Centre and will only be disclosed to other parties where necessary for the sole purpose of the activities of the Heart Research Centre.