



Yes, I want to help build healthier and happier lives!

Please use my donation to fund Menzies' world-class medical research.

I would like to make a donation of \$ _____

I would like to become an Everyday Angel and have monthly donations of \$ _____ deducted from my credit card.

All donations over \$2 are tax deductible.

Please accept my donation in the form of: Cash Cheque/Money Order (*Payable to Menzies Institute for Medical Research*)

OR

Please debit my: Visa Mastercard

Card Number: Expiry Date: /

Name on card: _____

Signature: _____ Date: _____

Please complete your details below:

Name: _____

Address: _____

Preferred phone number: _____ Date of Birth (optional): _____

Email address: _____

Please do not publish my name in any Menzies publications.

Please send me information about remembering Menzies in my Will.

Is there a particular area of our research in which you are interested?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> area of greatest need | <input type="checkbox"/> cardiovascular disease | <input type="checkbox"/> motor neurone disease | <input type="checkbox"/> other (please specify): _____ |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> dementia (including Alzheimer's disease) | <input type="checkbox"/> multiple sclerosis | _____ |
| <input type="checkbox"/> blood pressure | <input type="checkbox"/> diabetes | <input type="checkbox"/> osteoporosis | _____ |
| <input type="checkbox"/> brain injury | <input type="checkbox"/> mental health | <input type="checkbox"/> Parkinson's disease | _____ |
| <input type="checkbox"/> cancer | | <input type="checkbox"/> population health | _____ |

Why is this of interest to you?

Thank you for your support.

For more information, visit
www.menzies.utas.edu.au or call 1800 638 124.
Email: menzies.donations@utas.edu.au

Please use the reply paid envelope enclosed, or post to:
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