



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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