



I would like to help with improving lives through brain research by making a gift to the Florey Institute of Neuroscience and Mental Health

Personal details for receipt

Title _____ **Surname** _____

First name _____ **Address** _____

Suburb _____ **State** _____

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Donor Number _____

Please indicate the amount of your gift

Amount			
\$35	\$50	\$75	\$100
\$250	\$500		

Gift of choice \$ _____

Choose frequency

monthly

quarterly

yearly

Payment details - please choose your method of giving

Credit Card VISA MASTERCARD AMEX

Card Number _____ **CCV** _____

Name on Card _____ **Expiry Date** _____

Signature _____

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

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

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

Tick relevant boxes	Addiction	Alzheimer"s disease	Bipolar disorder
	Brain & Spinal	Depression	Epilepsy
	Trauma	Motor neurone	Multiple sclerosis
	Huntington"s	disease	Stroke
	disease	Schizophrenia	
	Parkinson"s disease		

Clinical research - program name

Send payment

Please enclose this form with your cheque (if applicable) and post it to: Fundraising and Marketing, The Florey Institute of Neuroscience and Mental Health, 30 Royal Pde, Parkville, Victoria 3052.

Please contact me about making a bequest to the Florey
Please send me information about making a bequest to the Florey

Thank you for your support



Please send by email by pressing the submit button or just print to post.