

## Florey Institute of Neuroscience and Mental Health Gift Form

### Personal details for receipt

Title: .....

First name: .....

Surname: .....

Email: .....

Phone: .....

Address: .....

State: ..... Postcode: .....

Country: .....

Donor number: .....

### Please indicate the amount of your gift

I / We wish to support the Florey Institute of Neuroscience and Mental Health by making a donation of:

\$50     \$25     \$100     \$250     \$500

Other \$ .....

I would like to discuss the impact of a major gift (\$10,000 and above) to the Florey.

I would like my gift to recur at the amount specified above:

Monthly     Quarterly     Yearly     Once-off

### Acknowledgement

Gifts of \$500 or more will be acknowledged in our annual report and on our website. Please record the donation in the below name(s):

I would like my donation to remain anonymous.

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

### Payment details

Please choose your method of giving:

Visa     Mastercard     Amex

Card number:

□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □

Name on card:

Expiry date:

Signature:

Send payment via cheque

Please enclose this form with your cheque (if applicable) and post it to: Reply Paid 83037, Fundraising, The Florey Institute of Neuroscience and Mental Health, 30 Royal Pde, Parkville, Victoria 3053.

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

Yes, please charge: \$ .....

to my credit card until I advise you in writing of my wish to cancel.

### Please indicate if you would like to apply your gift\* to a particular area of research

<input type="checkbox"/> Area of greatest need	<input type="checkbox"/> Addiction
<input type="checkbox"/> Alzheimer's disease	<input type="checkbox"/> Bipolar disorder
<input type="checkbox"/> Brain & Spinal Trauma	<input type="checkbox"/> Depression
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Huntington's disease
<input type="checkbox"/> Motor neurone disease	<input type="checkbox"/> Multiple sclerosis
<input type="checkbox"/> Parkinson's disease	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Stroke	
<input type="checkbox"/> Other	.....

\*Gifts under \$1,000 go to the area of greatest need. Gifts over \$1,000 can be directed as requested.

Submit