



# Yes, I want to support child health research

## Details

Dr/Mr/Mrs/Ms/Mr & Mrs

Address

Postcode

Telephone

Email

## I would like to receive:

- Newsletters
- Annual Report
- Invitations to events / tours / seminars
- Information about workplace giving
- Information about Wills and bequests

## I would like to donate:

- \$50    \$250    \$500    \$1,000    Gift of choice \$ \_\_\_\_\_

OR

## I would like to make an ongoing donation of:

- \$25    \$50    \$100    \$500    Gift of choice \$ \_\_\_\_\_

- monthly    3 monthly    6 monthly

Please find my cheque / money order enclosed  
(payable to the Telethon Institute for Child Health Research)

Please debit my    Visa    Mastercard    Bankcard  
(We are unable to accept Diners Club or American Express)

Card number                    /                    /                    /

Cardholder's name

Expiry                    /                    Signature

**Thank you for your support.  
We will send you a tax-deductible receipt shortly.**

### Please return to:

Public Relations Office  
Telethon Institute for Child Health Research  
PO Box 855, West Perth WA 6872  
or fax 08 9489 7700  
or phone 08 9489 7777.

