



The Busselton Health Study

I wish to make an In Memoriam donation to the Busselton Population Medical Research Foundation in memory of a loved one to assist with the on-going study activities in Busselton

1. Donation in Memory of

In Memory of _____

2. Your details

Title _____ First name _____ Surname _____

Company (If applicable) _____

Address _____

State _____ Postcode _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email _____

3. Indicate the amount you are donating

Donation amount \$ _____

4. Payment details – please choose how you wish to pay

Credit card, please debit my: Visa Mastercard Amex Amex ID: _ _ _ _

Card number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry date: _ _ / _ _

Name on Card _____

Signature _____

Cheque, made payable to The Busselton Population Medical Research Foundation Inc.

Electronic transfer BSB: 036123 Account: 224383 Bank: Westpac

4. Send payment

Please enclose this form with your cheque or money order and post it to:
The Busselton Health Study, PO Box 659, BUSSELTON WA 6280

Credit card donations can be made by phone or fax:

Phone: (08) 9754 0548

Fax: (08) 9754 0544

All donations over \$2 are tax deductible

We thank you for your generous support