



Recurring donation form

Yes! I want to make a donation to support the important medical research at QIMR Berghofer

1. MY DONATION

I would like to make a recurring donation of: \$100 \$75 \$50 \$25 or, my choice \$ _____

Please indicate frequency: monthly quarterly annually or, my choice _____

Please send me information on leaving a gift to QIMR Berghofer in my Will.

2. MY DETAILS

Title: _____ First name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____ DOB: _____ / _____ / _____

Email: _____ Phone/Mobile: _____

Have you made a donation to QIMR Berghofer before? Yes No If so, your donor ID number: _____

3. PAYMENT METHODS

OPTION 1: Please arrange my recurring donation from the following credit card:

I authorise QIMR Berghofer to debit this credit card from this date: _____ / _____ / _____ until notified otherwise.

Please debit this card: MasterCard Visa AMEX Diners Club

Name of cardholder: _____

Card No: _____ Expiry date: ____ / ____

Cardholder's signature: _____

OPTION 2: Please arrange my recurring donation from the following bank account:

I/we authorise QIMR Berghofer Medical Research Institute (QIMR, User ID 407172) to debit the below bank account on the 15th of each month (or next business day). I/we understand that this debit will be made through the Bulk Electronic Clearing System and will be subject to the terms and conditions of the Direct Debit Request Service Agreement overleaf unless notified otherwise.

Name of account: _____ Financial institution: _____

Branch: _____ BSB: _____ Account No: _____

Signature: _____

I have read and accept the Direct Debit Service Agreement, refer overleaf.

4. COMMUNICATION PREFERENCES

Personal information is collected to facilitate tax receipts and to keep you up-to-date with important medical research that is made possible through your generosity.

Please tick here if you would like to change how or when you hear from QIMR Berghofer or call 1800 993 000.

QIMR Berghofer understands that individuals may be concerned about their privacy and the confidentiality and security of any information that may be provided to the Institute. For more information visit www.qimrberghofer.edu.au/privacy-policy/



Recurring donation form

Direct Debit Service Agreement

Thank you so much for providing reliable financial support that we need to ensure our research can happen. For every dollar we receive from research funding grants, we need another 65 cents to make the research happen.

We make the commitment to you that we will:

Ensure all your details remain confidential. Your personal records and account details will be kept private and held in the strictest confidence. They will only be disclosed if requested by you personally, or by your financial institution if a claim is made for an alleged incorrect debit.

Confirm the details of your automatic deduction arrangement prior to the first drawing.

Debit your nominated financial institution on the 15th of each month for bank accounts or the 17th of each month for a credit card. In instances where a scheduled deduction for a direct debit falls on a non-working day, e.g. weekend or public holiday, the deduction will occur on the first working day following the schedule date.

Provide you with at least 10 days notice in writing before we change the terms of the agreement.

We will send you a consolidated tax receipt at the end of each financial year for all direct debit arrangements, so you can claim your gifts as a tax deduction. Unless advised by you, we will send this tax receipt using the email address provided by you.

In return, we'd be most grateful if you could:

Ensure that your nominated account can accept direct debits. Direct debiting is not available on every account. If in doubt, please check with your financial institution.

Ensure that on the drawing date there are sufficient funds in your nominated account. If the transaction is returned unpaid, we will contact you seeking your instructions.

Advise us at least 7 days prior to the drawing date if the nominated account is transferred or closed or if the account details change.

Provide us with 14 days notice if you wish to defer, alter, suspend or cancel the automatic deduction agreement.

For all enquiries, free call **1800 993 000** or email supportus@qimrberghofer.edu.au or visit www.qimrberghofer.edu.au

Please return this form by:

POST: QIMR Berghofer, Reply Paid 70885
Royal Brisbane Hospital QLD 4029

EMAIL: Scan the front of this form and send to supportus@qimrberghofer.edu.au

FAX: (07) 3362 0102

A letter will be mailed to you confirming your recurring donation. Thank you again for your on-going interest in the Institute.