

YOU CAN MAKE  
THE DIFFERENCE  
OF A LIFETIME,  
MONTH BY MONTH.



**Yes, I would like to become a Burnet Health Champion by joining the Institute's monthly pledge program.**

I would like to make a monthly gift of:

\$100    \$50    \$20    Other: \_\_\_\_\_

**Payment options.**

1. Direct debit from your bank account:

Bank name: \_\_\_\_\_

Branch: \_\_\_\_\_

BSB number: \_\_\_\_\_

Account number: \_\_\_\_\_

Signature: \_\_\_\_\_

2. Credit card

VISA    Mastercard    Bankcard    Diners    Amex

Card No.: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

*I/we hereby authorise the Burnet Institute (Debit User Identification Number 260494) to debit my bank account with the amount specified above unless notified in writing otherwise.*

*I/we hereby authorise the Burnet Institute to debit my credit card with the amount specified above unless notified in writing otherwise.*

**Deductions will be processed on the 16th of each month.**

**My details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional details\***

Home phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I consent to my name being publicly acknowledged as a donor to Burnet

Please send me information about including a gift to the Institute in my Will

*\* Please note, the Burnet Institute takes the collection of data seriously and your personal details are respected and will not be divulged to any third party. Your details will be used to confirm your identity should you wish to discuss your personal information with us. Information retained by Burnet may be accessed by you under privacy legislation.*

**Thank you for your support**

Please return this form in the Reply Paid envelope provided. You can also call Jason Smith on (03) 8506 2401 to donate over the phone. All gifts over \$2 are tax-deductible in Australia. ABN 49 007 349 984.

