Motor Neurone Disease Research
Appeal Donation Form

Personal details
Title: ____________________ First Name: ____________________ Last Name: ____________________
Primary E-mail: ____________________ Phone number: ____________________

Relationship to Macquarie University: [ ] Alumni [ ] Current Student [ ] Staff [ ] Other
Macquarie Student Number (if known): ____________________

Donation details
[ ] Please issue a receipt in the name at the top of this form
[ ] Please issue a receipt under this business name: ____________________
Donation Amount: $______________

I would like to establish a recurring gift of:
[ ] $25 [ ] $50 [ ] $75 [ ] Other $__________
[ ] Monthly [ ] Quarterly [ ] Annually

Payment method
[ ] Enclosed is my cheque / money order made payable to “Macquarie University”
[ ] Please charge my credit card: [ ] Visa [ ] MasterCard [ ] Amex [ ] Diners
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Line 1: ____________________ Line 2: ____________________
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I would like to allocate my donation to (please select one):
[ ] Motor Neurone Disease Research
[ ] Macquarie Unrestricted Equity Scholarships

I would like:
[ ] my gift to remain anonymous
[ ] to receive information about making a bequest in my Will
[ ] to make a gift in-kind (including non-monetary items such as books/artwork/equipment/my time)
[ ] my name to appear in publications and donor rolls as: ____________________
[ ] to make this gift in memory of: ____________________
[ ] to make this gift in honour of: ____________________

Please return this form to: Foundation Office
Level 2, 4 Research Park Drive
Macquarie University NSW 2109, Australia
Fax: +61 2 9850 9478

Contact us:
T: +61 2 9850 1395
E: mqfoundation@mq.edu.au
W: awc.alumni.mq.edu.au/equity2013

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