

# DONATE

PALMERSTON NORTH MEDICAL RESEARCH FOUNDATION  
RESEARCH DONATION PLEDGE FORM

PALMERSTON NORTH  
MEDICAL RESEARCH  
FOUNDATION

## Research Fund Appeal Pledge Form

### Contact Details

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

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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

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

My / Our gift may be publicised: Yes  No

Visited by (where appropriate) \_\_\_\_\_

I wish to support the Palmerston North Medical Research Foundation Research

With an immediate gift of \$ \_\_\_\_\_

With a gift of \$ \_\_\_\_\_ yearly for \_\_\_\_\_ years  
beginning 201\_\_\_\_\_

My gift is designated as follows: (A) General Gift  (B) Designated Gift  (See below)

Designation of gift: \_\_\_\_\_

Please send me a reminder of my pledged gift each year in the month of \_\_\_\_\_

I wish to pay by: Personal Cheque  Internet Banking  Automatic Payment

### Bank Details

Account Number 0726 0031594 00

Palmerston North Medical Research Foundation, Westpac Bank, 43 Broadway Avenue, Palmerston North. All cheques should be made payable to: Palmerston North Medical Research Foundation.

**We thank you for your support**