

# In Memoriam

## 1. Donation in Memory of

In Memory of \_\_\_\_\_

## 2. Your details

Your relationship to the person in Memoriam \_\_\_\_\_

Title \_\_\_\_\_ First name \_\_\_\_\_ Surname \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_  
(Please Tick)  Home  Work  Mobile

Email \_\_\_\_\_

## 3. Indicate the amount you wish to donate

\$35  \$50  \$75  \$100  \$250  \$500 or another amount \$

## 4. Payment details

Please debit my:  Visa  Mastercard  Amex

Card No.

Expiry Date

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Cheque** donation made payable to the Asbestos Diseases Research Institute, is enclosed.

## 5. Contact details of the next-of-kin (so that we can advise of your kind gift)

Title \_\_\_\_\_ First name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Next-of-kins relationship to person in Memoriam \_\_\_\_\_

## 6. Send payment

Please enclose this form with your donation and post it to:

### Asbestos Diseases Research Institute

PO Box 3628  
Rhodes, NSW 2138

Credit card donations can also be made by phone or fax.

Phone 02 96767 9800 Fax 02 96767 9860

Donations to the Asbestos Diseases Research Foundation over \$2 are tax-deductible.

If you do not wish to receive our Newsletter please tick this box

Thank you for your support.

