



*Help to Make a Difference Now!*

ANZGOG is grateful for your donation and support of gynaecological cancer research. ANZGOG's primary mission is to improve the outcomes and quality of life for women suffering from gynaecological cancer through research into the prevention, early detection and treatment of gynaecological malignancies. Your support will help us to give hope to women and their families affected by gynaecological cancers now and into the future.

<b>PERSONAL DETAILS</b>	
Name: Mr/Mrs/Ms/Miss/Dr/Prof/Other:	Today's Date:
Mailing Address:	Postcode:
Email:	Phone:
<b>GIFT DETAILS</b> ( <i>gifts over \$2 are tax deductible</i> )	
My gift is in memory of/dedicated to:	
<b>PAYMENT DETAILS</b>	
Enclosed is my payment for the amount indicated: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$1000 <input type="checkbox"/> other: _____	
Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque (Please make cheque payable to: <b>ANZGOG</b> ) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Card No:	Expiry Date: /
Cardholder Name:	Signature:
<b>PERIODIC PAYMENT OPTION</b>	
I would like to make a periodic payment in the amount of: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> other: _____	
Payment method: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Contact me to organize a Direct Debit from my Bank Account	
Card No:	Expiry Date: /
Cardholder Name:	Signature:
I would like my periodic payment taken out: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (4 times per year) <input type="checkbox"/> Annually Please note periodic payments will be taken out on the 15 <sup>th</sup> of the nominated month.	
<input type="checkbox"/> Please contact me regarding: <input type="checkbox"/> payroll deduction <input type="checkbox"/> running a fundraiser <input type="checkbox"/> volunteering for ANZGOG	
If you would like to become a member of ANZGOG, please visit <a href="http://www.anzgog.org.au/memberapply.aspx">www.anzgog.org.au/memberapply.aspx</a>	

**Privacy Policy:** ANZGOG commits to uphold an individual's right to privacy as established under the Privacy and Personal Information Protection Act 1998. This information will only be used for the purpose of receipting the donation made to ANZGOG, informing the donor of ANZGOG activities and contacting the donor if they so request. For information regarding matters of privacy or to change the information we have on file for you, please contact the ANZGOG Communications officer via email on [hnesfield@anzgog.org.au](mailto:hnesfield@anzgog.org.au)

I do not wish to be contacted regarding ANZGOG activities.

**Please mail this form to:**

ANZGOG  
Level 4  
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Camperdown, NSW 2050

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