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Cheque, made payable to the "Woolcock Institute of Medical Research" ABN 88 002 198 905, is enclosed.

FOUR Indicate if you are joining the Regular Giving Program

Please charge \$ to my credit card every Monthly Quarterly Yearly
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Please enclose this form with your cheque or money order and post it to: Woolcock Institute of Medical Research,
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Credit card payments can be made by phone or fax: Phone 02 9114 0353 **Fax** 02 9114 0013

Please send me information on making a gift in my will (bequest) to the Woolcock	<input type="checkbox"/> via post	<input type="checkbox"/> via email
Please add me to the Woolcock mailing list to receive news and information	<input type="checkbox"/> via post	<input type="checkbox"/> via email
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Donations to the Woolcock Institute of Medical Research over \$2 are tax-deductible.

Thank you for your support.

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