



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 Waikato Medical Research Foundation Research Fund Appeal

With an immediate gift of \$ _____

With a gift of \$ _____ yearly for _____ years beginning 201____
on the understanding that if necessary I may vary the amount.

(Month) _____ 201____ \$ _____

Total (3 / 5 years) \$ _____

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 Mastercard / Visa

Bank Details

Account Number 030 306 0208170 01

Waikato Medical Research Foundation Appeal Account, Westpac Bank, 426 Victoria Street Hamilton.

All cheques should be made payable to: Waikato Medical Research Foundation Appeal

We thank you for your support

