

DONATIONS

Yes, I would like to make a donation to support the work of the Schizophrenia Research Institute

Title	Name
-------	------

Organisation (if applicable)

Home Address

Postcode

Day Phone ()

Email

Date of Birth

I would like to make the following ONE-OFF DONATION

Amount \$

SCHIZOPHRENIA RESEARCH INSTITUTE

I would like to make a MONTHLY REGULAR DONATION

Each payment of:

Amount \$

YOUR PAYMENT OPTIONS

Cheque or Money Order

Please make payable to
Schizophrenia Research Institute

Credit Card

BANKCARD VISA AMEX MASTERCARD

Card Number

Expiry

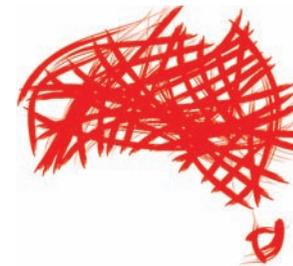
Signature

Tick here if you require a receipt

**Please send the completed form to:
Schizophrenia Research Institute
405 Liverpool Street,
Darlinghurst, NSW 2010**

ALL DONATIONS OVER \$2 ARE TAX DEDUCTIBLE

REGULAR DONATORS WILL RECEIVE A STATEMENT AT EACH FINANCIAL YEAR END



**SCHIZOPHRENIA
RESEARCH
INSTITUTE**

Phone: (02) 9295 8688

Fax: (02) 9295 8689

Email: contact@schizophreniaresearch.org.au

Web: www.schizophreniaresearch.org.au

Campaign Code: W