

Donation Form (Gifts in Memory)



Please complete and return this form (no stamp required) to: Heart Research Institute PO Box 10340 The Terrace, Wellington 6143

Your gift to remember a loved one is very much appreciated. Be assured that your generous gift will help our dedicated researchers find better ways to detect, prevent and treat heart disease, and stop its devastating impact on people and their loved ones.

A Gift in Loving Memory of:

Insert name			
Gift is being made by:			
Title: First name:	Surnam	Surname:	
Address:			
Suburb:	State:	Postcode:	
Daytime phone:	Mobile:		
Email:			
Gift details:			
I wish to gift: \$	Donations over \$2 are tax deductible		
My CHEQUE/MONEY ORDER is en	nclosed payable to the Heart Res	search Institute OR	
CREDIT CARD Please debit this ca	ard:		
Card number			
Cardholder's name			
Signature	Expi	ry Date /	
I authorise the Heart Research Institute to a	deduct this amount from my credit card	d on receipt of this form.	
Please notify the below of this	gift:		
Title: First name:	Surnam	Surname:	
Address:			
Suburb:	State:	Postcode:	
Relationship to deceased:			
Your communication preference	CAS'		
I do not wish to receive occasional		t research updates, events	
heart health and lifestyle informati			

Thank you for your thoughtful generosity.

Your Privacy: The Heart Research Institute (HRI) respects your privacy and complies with the New Zealand Privacy Principles. HRI only collects information needed to provide and communicate services to you. To read the full privacy statement, visit www.hri.org.nz