

YOU CAN HELP THE FOUNDATION

By: **Joining as a new member* **Making a donation* **Making a bequest*

WELLINGTON MEDICAL RESEARCH FOUNDATION INCORPORATED

To: The Secretary
Wellington Medical Research Foundation Inc.
PO Box 51 211, WELLINGTON
Email: info@wmrf.co.nz
Fax: (04) 232 5494

Name: (Mr/Mrs/Miss/Ms/Prof/Dr or Company)

.....

Address:

.....

Postal address:

E-mail address:

ANNUAL SUBSCRIPTION (1/7/14-30/6/15)

I/We wish to join the Wellington Medical Research Foundation Inc. as:

- | | | | |
|--------------------------|-----------------|-------|---------------|
| <input type="checkbox"/> | Individual | \$22 | \$..... |
| <input type="checkbox"/> | Corporate | \$275 | \$..... |
| <input type="checkbox"/> | Life Membership | \$500 | \$..... |
| <input type="checkbox"/> | Donation | | \$..... |
| | | | TOTAL \$..... |

I/We agree to be bound by the rules of the Foundation.

Signed.....

- Cheque attached
- Funds direct credited to the WMRF bank account number BNZ 02 0500 0607298 00
(when paying by direct credit please ensure your name appears in the notation)

Note: Subscriptions or donations of \$5 or over qualify for a tax exemption

You may wish to have your contribution take the form of a legacy or bequest in which case you will no doubt obtain proper advice.

FORM OF BEQUEST

A suitable clause in a Will to provide for a bequest would be on the following lines:

"I give and bequeath (free of all duty) to the Wellington Medical Research Foundation (Inc) the sum of \$ (or description of other property or assets) for research purposes that may relate to a diverse range of health problems including cancer and heart disease, AND I DECLARE that the receipt of the Secretaries or other proper officer thereof shall be a full and sufficient discharge to my Trustee for the said Legacy nor shall my Trustee be bound to see the application thereof.