## **NEUROSURGICAL SOCIETY OF AUSTRALASIA**



Name:

Tenancy 5, Level 1, 550 Lonsdale Street, Melbourne Victoria 3000, Australia Telephone: + 61 3 9642 4699 Facsimile: + 61 3 9642 5611 Email: administration@nsa.org.au

## I would like to support critical neurosurgical research

The Research Fund of the Neurosurgical Society of Australasia and its constituent members was established to support neurosurgical research. The aim of the Research Fund is to attract and generate funds and donations to support neurosurgical research projects. Your donation or support can help fund research grants and scholarships for researchers undertaking critical neurosurgical research.

The Neurosurgical Society of Australasia is a deductible gift recipient and donations over \$2 are tax deductible.

## Please supply your details so we can send a tax deductible receipt:

| Address:  |                        |                        |        |  |              |        |         |
|---|------------------------|------------------------|--------|--|--------------|--------|---------|
|   |                        |                        |        |  | Postcoo      | de     |         |
| Contact phone number  |                        |                        |        | ·  |              |        |         |
| Date of birth (optional)  |                        |                        |        |  |              |        |         |
| My donation  All donations over \$2 are tax deductible. Please find enclosed my/our donation: |                        |                        |        |  |              |        |         |
| Amount  | \$                     |                        |        |  |              |        |         |
| □ Cash  | ☐ Cheque / money order | ☐ Bank transfer (see d | _      | Neurosurgical Society of Australasia BSB: 083 004 Account: 584 705 433 |              |        |         |
| Or please debit my  |                        | ☐ Mastercard           | □ Visa | ☐ American Exp   | oress        | □ Dine | rs Club |
| Card number:  |                        |                        |        |  | Expiry date: |        |         |
| Cardholder's name:  |                        |                        |        |  |              |        |         |
| Signature:  |                        |                        |        |  |              |        |         |

**Privacy statement:** Your name will be placed on our mailing list and, periodically, we will send you information about the Neurosurgical Society of Australasia Research Fund. If you do not wish to receive this information, please tick this box  $\square$ .