

Annual Research Appeal Donation Form

“Solstice for Sight 2020”

I / We hereby make the following donation to Retina Australia in support of Australian research into inherited retinal diseases.

Please accept my gift of \$200 \$100 \$50 \$25 \$10 or \$ _____

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____

Email: _____

Payments can be made by Cheque or Credit Card (Mastercard or Visa only)

Please make cheque payable to **Retina Australia**

Total Donation: \$ _____

CARD TYPE: Visa Mastercard

CARD NUMBER: _____/_____/_____/_____

Expiry Date: ____/____ CVV Number: _____

NAME ON CARD: _____

SIGNATURE: _____

If you would prefer to pay by direct deposit, please contact the office on 03 9650 5088 for our bank details.

Please return this form with your donation via:

Email: info@retinaaustralia.com.au OR post to: Retina Australia
Ross House
247-251 Flinders Lane
Melbourne VIC 3000