

Colles-Graves Foundation Annual Giving Programme 2010

Donation Form

Your details are held under the provisions of the Data Protection Act 1998 and are strictly confidential

**Yes! I would like to give to the RCSI Annual Giving Programme.
Here is my gift of (Please tick the appropriate box):-**

- \$5,000 \$2,500 \$2,000 \$1,500
 \$1,000 \$ 500 \$250
 Other (please specify)

I wish to be included in the RCSI Annual Giving Programme for the next:-

- 2 years 3 years 5 years
 Other (please specify)

I would like my gift to be designated towards:-

- Student Research Fund General Campaign Fund
 Student Hardship Fund Student Elective Fund
 Student Life Clinician-Scientist in Ophthalmology
 Tom Garry Research Fund in Anatomy Library Fund – Heritage Collection

- I am interested in setting up a "Named Fund" please send me further information
 Please do not acknowledge my gift publicly

Donation Method

- Check (made payable to Colles-Graves Foundation) Credit Card

I authorise the Colles-Graves Foundation to deduct the sum of \$
from my MasterCard/Visa Credit Card

Card No

Expiry Date

Security Code

Signature

Date

Thank you for your generous gift!

Donor Details

Name

Address

State

RCSI Class of

Speciality

Tel No

Fax No

Mobile No

Email:

Please return to: Dr Helen Towers, Treasurer Colles-Graves Foundation Inc,
277 West End Avenue, New York, NY10023, USA

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