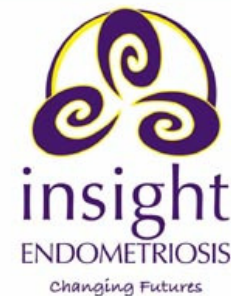


# Donation Form

## Support our Work in the Community



Donations over \$5 qualify for a tax credit

My gift to Insight Endometriosis is:

☐ \$500    ☐ \$250    ☐ \$100

☐ \$50    ☐ \$20    ☐ \$10

☐ Other \$ .....

Payment Details:

☐ Cheque for \$ ..... enclosed  
(Made payable to Insight Endometriosis)

☐ Payment of \$ ..... paid by internet banking  
(Account: ASB: 12-3122-0315610-00)

My Details:

Name: .....

Address: .....

.....  
.....

Phone: .....

Email: .....

- ☐ Please add me to your mailing list
- ☐ Please send me info about  
Payroll Giving (gifting through  
PAYE at my work)

Help us help our Community

Please print and post to: Insight Endometriosis, c/- 36 McNicol Street, Hamilton, 3214  
Or print, scan, and email, to: [info@insightendometriosis.org.nz](mailto:info@insightendometriosis.org.nz)