

# Support our Work in the Community Donation Form



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 McNichol Street, Hamilton, 3214  
Or print, scan, and email, to: [info@insightendometriosis.org.nz](mailto:info@insightendometriosis.org.nz)