Auckland Medical Research Foundation

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Pledge Notification

To improve the health of all New Zealanders

Thank you for remembering the Auckland Medical Research Foundation in your Will. Please use this form to tell us by printing a copy and posting it to us or emailing amrf@medicalresearch.org.nz. Any information you provide will be treated in strictest confidence. Note: your pledge is not binding but helps us with planning.

Please confirm we have your details correct and answer some optional questions:

Name _____

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Why have you chosen to give to AMRF?	
What type of gift have you designated in your will?	E.g. A share or all of my estate, a specific sum of money, a specific item, etc.
Please share your personal experience of medical research with us.	

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The Executive Director, Auckland Medical Research Foundation PO Box 110139, Auckland Hospital, Auckland, 1148