



Auckland Medical
Research Foundation
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SUPPORTING
MEDICAL
RESEARCH
FOR OVER
60 years

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

Address

Address

Address

Post Code

Home Phone

Mobile Phone

Email Address

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.

Again, THANK YOU for remembering AMRF.

Please post this or email amrf@medicalresearch.org.nz

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