

Queensland
is waiting
for you!

IT'S AS
SIMPLE AS
RSVP ...



ROYAL HOBART HOSPITAL
RESEARCH FOUNDATION

Local Medical Research
Saves Lives



Like to win a great holiday ?

RSVP – Research Support Volunteers' Plan

For your chance to **win a trip for 2** to the **Gold Coast** with flights from Hobart or Launceston and 5 nights accommodation included, courtesy of our wonderful sponsor – the Travel Inn Broadbeach Apartments, just become a member of “**RSVP**” -the **Research Support Volunteers' Plan** -a no-fuss, convenient way to make an affordable, tax-deductible contribution to local medical research.

To join RSVP please call us on 03 **6222 8088** or go on-line at:
www.rhhresearchfoundation.org

All members of RSVP - either through the payroll deduction or credit card donation schemes, donating a minimum of **\$2 a fortnight** or **\$5 a month** will be entered into the draw, to be held on stage at the “Big December Breakfast” on 9 December 2010.

BONUS DRAW

All current members of RSVP (including those who become one anytime up to December), who introduce a new friend or colleague, will have their name entered in an additional draw for a \$500 shopping voucher just in time for Christmas.

Please see overleaf for how you can enter!

Royal Hobart Hospital
Research Foundation
GPO Box 1061 Hobart
TAS 7001

Phone: 03 6222 8088

Fax: 03 6222 7930

research@rhhresearchfoundation.org

RSVP



ROYAL HOBART HOSPITAL
RESEARCH FOUNDATION

Registration and Authority Form

First name _____

Family name _____

Home Address _____

_____ P/code _____

Workplace _____

Workplace Address _____

_____ P/code _____

Daytime telephone _____

Email _____

Choice of deduction

1. Deduction from pay

I authorise my payroll officer to deduct \$ _____ from my pay each pay period and forward same to the Royal Hobart Hospital Research Foundation, OR

2. Periodical deduction from credit card account

I authorise the Royal Hobart Hospital Research Foundation to arrange deduction of \$ _____ from my credit card account each

month or quarter

Name on card _____

VISA Mastercard

Card Number _____

Expiry date __ __ / __ __

Signature _____ Date _____

Were you recommended by an existing RSVP member? If so:

Name _____

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