

# Donation Form



Name of Donor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Donations of \$2.00 or more are Tax deductible.

Please accept my donation: \$ \_\_\_\_\_

Payment method: Cheque  Money order  Credit Card

Please debit my credit card: *Debit will appear on your statement as The Cancer Council NT*

MasterCard:  Bankcard:  Visa:

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Expiry date: \_\_\_\_ / \_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature: \_\_\_\_\_

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## ***If a memorial gift, acknowledgement of donation will be sent to next of kin***

Name of Deceased: \_\_\_\_\_

Name of next of kin: \_\_\_\_\_

Relationship of Deceased to Next of kin: \_\_\_\_\_

Address of next of kin: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Thank you for supporting the Cancer Council NT***

Please send Donation form to:  
PO Box 42719 Casuarina NT 0811  
Fax 08 8927 4990  
admin@cancernt.org.au

For Office use only: Date received \_\_\_\_/\_\_\_\_/\_\_\_\_  
Amount: \$\_\_\_\_\_ Recorded Receipt # \_\_\_\_\_  
Authorisation # \_\_\_\_\_ Recorded by: \_\_\_\_\_