



In Memory Donation Form

In Memory of _____

Notification of your donation to be sent to family: _____
(Name & Address)

Your Details

A tax deductible receipt will be issued for donations made over \$2.00

Title: _____ **First Name:** _____ **Surname:** _____

Company/Name Receipt to be issued in: _____

E-mail address: _____ **Telephone:** _____

Yes, I may be contacted via email

Address: _____

Town/Suburb: _____ **State:** _____ **Postcode:** _____

My donation today is for \$ _____

PAYMENT METHOD

M'CARD / VISA / AMEX

CHEQUE / MONEY ORDER

(Payable to Cure Cancer Australia Foundation.
Mail to: PO Box R185 ROYAL EXCHANGE NSW 1225)

CARD NUMBER

_____|_____|_____|_____|_____

EXP ____|____

SIGNATURE _____

Are you happy to receive communications from us? (E-mails, newsletters, research updates)

Yes

No

I would like more information on:

- Becoming a regular giver and donating monthly
- Wills and Bequests
- Workplace Giving

As part of privacy legislation, you are entitled to view all your personal information held by Cure Cancer Australia. Our privacy policy can be downloaded from www.cure.org.au or call 1300 134 567.

Mail, scan or fax this form to: Leanne Warner, Cure Cancer Australia
PO Box R185 Royal Exchange NSW 1225
Phone: 1300 134 567 Fax: 02 9251 6199 Email: info@cure.org.au