



## Donate by Mail or FAX

1. Please complete the following form
2. PRINT out the form.
3. SIGN the bottom of the form
4. **POST** the form to us:

**The Cancer Council ACT**  
**PO Box 143**  
**Fyshwick**  
**ACT 2609**

5. Or **FAX** the form to us on **(02) 6257 5055**

Name .....

Address .....

City .....

State .....

Post Code .....

Telephone .....

Email .....

**Donation Amount : \$..... (Australian Dollars)**

Note: Donations over \$2.00 are Tax Deductible.  
 A receipt will be sent to you within 10 working days

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I do not want to receive future information from The Cancer Council ACT

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Type of Donation:

**In Memoriam**

Name of Deceased .....

Address (Next of Kin) .....

City .....

State .....

Post Code .....

.....or (see next page)

I would like to donate:

- Candlelight Ceremony
- May (Tax) Appeal
- October (Christmas Appeal)
- Regularly (Information will be forwarded)

I would like more information about leaving a Bequest to The Cancer Council ACT

I wish to become a member of The Cancer Council ACT

I would like to receive information on the annual fundraising events of The Council

I wish to have my name removed from the mailing list

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I would like to pay by Cheque or Money Order:

Make your Cheque or Money Order payable to: **The Cancer Council ACT**

**OR**

I would like to donate by Credit Card



**Card Type:**

VISA    MasterCard    AMEX    DINERS

Name on Card .....

Card Number .....

Expiry Date .....

Signature .....

*The Cancer Council ACT Inc, strictly complies with the Privacy Act (1988) and the ten National Privacy Principles. For more information download the Privacy Act or contact us on 02 6257 9999*