

3 easy ways to donate.

PHONE: Supporter Hotline 1300 65 65 85

ONLINE: cancerwa.asn.au

POST: Post completed coupon to
Level 1, 420 Bagot Road, Subiaco WA 6008

Title: _____

First name: _____

Last name: _____

Address: _____

State: _____ Postcode: _____

Telephone: _____

Email: _____

Date of birth: _____

YES! I hope for a brighter, cancer free future.

Please accept my gift of \$

My cheque/money order is enclosed and made payable to Cancer Council WA **OR**

Please debit the above amount from my credit card:



Card no.

Cardholder's name

Expiry date /

Signature

OR please charge \$ **each month** to my credit card until I advise otherwise

Please tell me how I can include a gift to Cancer Council WA in my Will

I have already included a gift to Cancer Council WA in my Will

We need to collect personal information to process your donation, communicate with you and conduct normal business. By providing your personal information, you agree that your information will be used and disclosed by Cancer Council WA in accordance with our Collection Statement and Privacy Policy, available at <http://www.cancerwa.asn.au/notices/privacy>.

