



PROSTATE CANCER INSTITUTE®

DONATION FORM

Name: Mr/Mrs/Ms _____

Address: _____
_____ postcode _____

Telephone No: _____ Fax No: _____

Email (if any): _____

Donation amount: \$ _____ Payment: Cheque or Credit Card (*please circle*)
(if paying by cheque please make payable to Prostate Cancer Institute)

Credit Card Type: Bankcard Mastercard Visa (*please circle*)

Credit Card No: ____ / ____ / ____ / ____

Amount: \$ _____ Expiry date: ____ / ____ Signed: _____

For in memorium donations, please complete this section:

I would like to make a memorium donation in memory of _____

Amount: \$ _____

If you would like us to notify the next of kin of your donation please complete the following:

Next of Kin: _____ Relationship to deceased: _____

Address: _____
_____ postcode _____

For telephone donations please call 9350 3903 (Mon-Fri 9am to 5pm)

Please return completed form to: **Cancer Care Centre, St. George Hospital**
Short Street, Kogarah NSW 2217
Fax 9350 3598

Your receipt will be mailed to you
Donations over \$2 are tax deductible

Thank you for your generous donation and support of the Prostate Cancer Institute