

Donation Form



I, _____ would like to make a donation towards

Buderim Private Hospital Cindy Mackaenzie Breast Cancer Program, my contact details are

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____

Mobile: _____

Email: _____

Giving us your email helps us to save on postage and keep in touch with you much more easily.

I understand that you will send me a tax deductible receipt for any donation over \$2

My gift

- | | | | |
|-------------------------------|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> \$10 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$1,000 |
| <input type="checkbox"/> \$20 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$500 | <input type="checkbox"/> Other \$ _____ |

Payment Details

Cheque / Money Order
(Please make cheque payable to UnitingCare Health)

Diners MasterCard Visa Amex

Name on Card: _____

Card Number: ____ / ____ / ____ / ____

Expiry Date: ____ / ____ CCV: ____

Cardholder's signature: _____