



Community Fundraising Credit Card Donation Form

Donor's Name/Company name: _____

Address (to send receipt): _____

_____ State _____ Postcode: _____

Phone: _____

Donation amount: \$ _____

Please debit my credit card: Bankcard / Visa / MasterCard / American Express / Diners

Credit Card Number: ---- / ---- / ---- / ---- CCV Number: ----

Card Holder's Name: _____ Expiry Date: ____ / ____

Signature: _____

Name of person/fundraiser donation to: _____

Cancer Council Victoria gratefully acknowledges your support for our cancer research programs.
*All donations over \$2 will receive an official tax receipt.

Cancer Council Victoria is committed to handling your personal information in accordance with our Privacy Policy. For more detailed information about how we handle your personal information, please see our Privacy Policy at www.cancervic.org.au/privacy.

If you no longer wish to receive correspondence from Cancer Council Victoria, please contact our Supporters' Hotline on 1300 65 65 85.



Community Fundraising Credit Card Donation Form

Donor's Name/Company name: _____

Address (to send receipt): _____

_____ State _____ Postcode: _____

Phone: _____

Donation amount: \$ _____

Please debit my credit card: Bankcard / Visa / MasterCard / American Express / Diners

Credit Card Number: ---- / ---- / ---- / ---- CCV Number: ----

Card Holder's Name: _____ Expiry Date: ____ / ____

Signature: _____

Name of person/fundraiser donation to: _____

Cancer Council Victoria gratefully acknowledges your support for our cancer research programs.
*All donations over \$2 will receive an official tax receipt.

Cancer Council Victoria is committed to handling your personal information in accordance with our Privacy Policy. For more detailed information about how we handle your personal information, please see our Privacy Policy at www.cancervic.org.au/privacy.

If you no longer wish to receive correspondence from Cancer Council Victoria, please contact our Supporters' Hotline on 1300 65 65 85.