

Community Fundraising Offline Donation Record Sheet



Fundraising Organiser: _____ Phone: _____

Name of Fundraiser: _____ Supporter ID #: _____

First Name	Surname	Street Address	Suburb	Post Code	Donation Amount \$	Receipt Required? Y/N
**Please ensure full name & address details are clearly printed to receive an official tax deductible receipt					\$ _____ Page Total	_____ # receipts

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

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