



FUNDRAISING FORM.

Your fundraising will help The Kids' Cancer Project to find a cure for childhood cancer.

Please use this form if you are a fundraiser who has collected donations from sponsors who require individual receipts.

To pass on the funds raised, please complete the form below. To donate on-line visit www.kidscancerproject.org.au

EVENT

TITLE MR MRS MS MISS OTHER

FIRST NAME FAMILY NAME

YOUR ADDRESS

SUBURB EMAIL

PHONE HOME WORK MOBILE

1. I REQUIRE RECEIPTS FOR THE SPONSOR/S LISTED ON PAGE 2 FOR THE TOTAL AMOUNT OF \$
 2. I WOULD ALSO LIKE TO SPONDOR MYSELF FOR THE AMOUNT OF \$
 3. I HAVE ALSO COLLECTED THE FOLLOWING AMOUNT FROM SPONSORS WHO DO NOT NEED A RECEIPT \$
- TOTAL \$

DONATIONS FOR THE TOTAL AMOUNT OF \$ HAVE BEEN ENDORSED BY CHEQUE OR MONEY ORDER MADE PAYABLE TO THE KIDS' CANCER PROJECT OR PLEASE CHARGE MY:

VISA MASTERCARD AMEX DINERS CARD

CARDHOLDER'S NAME

CREDIT CARD NO EXPIRY DATE /

AMOUNT \$

CARDHOLDERS SIGNATURE

Please note that all sponsors will receive tax-deductible receipts for any donation amount of \$2 and over in section 1 and 2, and an acknowledgement receipt for any amount in section 3.

Please return this form with donations to: The Kids' Cancer Project PO Box 6400 Alexandria NSW 2015.
T 02 8394 7777 F 02 8394 7700 E office@kidscancerproject.org.au.