Bill Walsh Cancer Research Laboratory

Kolling Building, Royal North Shore Hospital

DONATION FORM

Yes, I will give a tax-deductable gift.

PERSONAL DETAILS (for receipt purposes)

Title: ☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Prof ☐ Other .....

First Name: ..... Last Name: .....

Address: .....

Town/Suburb: ..... State: ..... Postcode: .....

Phone (BH): ..... Phone (AH): .....

Fax: ..... Mobile: .....

Email: .....

How did you hear about Kolling? .....

DONATION DETAIL

Gift amount: $ .....

☐ **OPTION 1 – CHEQUE:** Please make payable to: **Kolling Foundation**

☐ **OPTION 2 - CREDIT CARD**

I authorise Kolling Foundation to charge the above mentioned amount to my credit card.

Credit Card Type: ☐ Visa ☐ Mastercard ☐ Amercian Express

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ CCV No.: .....

Name on Card: ..... Expiry Date: ..... / ..... / .....

Signature: ..... Date: .....

☐ **OPTION 3 - DIRECT DEBIT**

I/We authorise Kolling Foundation to debit the above mentioned amount from my/our account at:

Financial Institution: .....

BSB: ☐☐☐ ☐☐☐ Account number: ☐☐☐☐☐☐☐☐☐

Account Name: .....

Signature: ..... Date: .....

Signature: ..... Date: .....

PRIVACY STATEMENT

The information provided by you will only be used for the purpose of giving you information about Kolling.

☐ Tick if you do not want to receive information about the work of Kolling.

Donations to the Bill Walsh Cancer Research Labortory can be made through the KOLLING FOUNDATION ABN 83 128 360 174
All donations are tax deductable | Deductible Gift Recipient (DGR) | Authority to Fundraise Charity Number 15752
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