



# PROSTATE CANCER INSTITUTE® DONATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email (if any) \_\_\_\_\_

Donation amount \$ \_\_\_\_\_ Payment: Cheque or Credit Card (please circle)

Credit Cards (please tick)   

Card No:

Expiry:  /  Signature: \_\_\_\_\_ Card Name: \_\_\_\_\_

### ***For In Memorium donations, please complete this section:***

I would like to make a memorium donation in memory of \_\_\_\_\_

Amount: \$ \_\_\_\_\_

*If you would like us to notify the next of kin of your donation please complete the following:*

Next of Kin: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

***For Telephone donations please call 9113 3903 (Monday - Friday 9am - 5pm)***

CANCER CARE CENTRE  
ST GEORGE HOSPITAL  
Short Street  
KOGARAH NSW 2217  
Fax: 9113 3958

Your receipt will be mailed to your address above.  
Donations over \$2 are tax deductible.

***Thank you for your generous donation and support of the Prostate Cancer Institute***