

GIRLS' NIGHT IN

Tax Receipt Request Form

Host Information

First Name	<input type="text"/>	Surname	<input type="text"/>
Supporter ID	<input type="text"/>	Email	<input type="text"/>
Contact number	<input type="text"/>	Total value of receipts requested	\$ <input type="text"/>
<input type="checkbox"/> * I confirm I have read and agree to the privacy collection statement on page 3 of this form.			
What was the total amount raised?	\$ <input type="text"/>	What date was the deposit made?	<input type="text"/>
What was the method of money transfer?	<input type="checkbox"/> Cheque	<input type="checkbox"/> Bank Deposit	<input type="checkbox"/> Other

- If donation was made online or via credit card donation slip, please DO NOT fill in the details below.
- Hosts - Please photocopy this sheet for your own reference.
- Donations of \$2 or more will receive tax-deductable receipts.
- Please fill out form in clear BLOCK LETTERS.
- Please fill out all fields in this form. Receipts will not be distributed if fields are incomplete.

Donor Information

Donation amount	\$ <input type="text"/>	Method:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order
Full Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Contact Number	<input type="text"/>	Email	<input type="text"/>		
<input type="checkbox"/> * I confirm I have read and agree to the privacy collection statement on page 3 of this form.					
<input type="checkbox"/> Yes, I would love more info about Cancer Council events					

Girls' Night In Hosts in NT, WA and ACT will receive individual tax receipts for all donations made at their fundraiser, for distribution to individual guests.

Please fill in this form and return to your local state/territory office. Details can be found in your host kit.

If you have any questions, please contact our events hotline on 1300 65 65 85 or visit girlsnightin.com.au



Donor Information

Donation amount \$ Method: Cash Cheque Money Order

Full Name

Address

City State Postcode

Contact Number Email

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Yes, I would love more info about Cancer Council events

Donation amount \$ Method: Cash Cheque Money Order

Full Name

Address

City State Postcode

Contact Number Email

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Yes, I would love more info about Cancer Council events

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Privacy Collection Statement

- * Your Personal Information is being or has been collected by the Cancer Council to facilitate services or products requested by you and/or to keep you informed about Cancer Council related activities. We may send you information about programs, products, services, fundraising or other activities which we think may interest you. Your Personal Information may be provided to third parties where required by law or so that such third parties may provide Cancer Council with services. In so doing your Personal Information may be disclosed to overseas recipients. Please refer to our Privacy Policy (which is available on the relevant Cancer Council website as listed at the link below or on request by calling 13 11 20) for further details. By providing your information to us you consent to your information being disclosed or used for this purpose. We will take reasonable steps to ensure that such third parties deal with your information appropriately and only for Cancer Council purposes. Please refer to our Privacy Policy, or details in the relevant communication, if you wish to unsubscribe. Our Privacy Policy also explains how you can contact us to access and correct your personal information or make a privacy complaint.
- * “Cancer Council”, “we”, “us” or “our” means Cancer Council Australia or the Cancer Council in the State or Territory in which you are participating in the fundraising activity, or in your State or Territory of residence (as applicable). Full details of Cancer Council Australia and its State and Territory members are available here: <http://www.cancer.org.au/about-us/state-and-territory-councils/>.

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