

GIRLS' NIGHT IN

Payment Details

Tell us whose fundraiser you're donating to and how you'd like to pay:

Host Name

.....

Host ID (if known)

.....

- Cash Money Order Cheque (payable to Cancer Council in your state or territory)
- Credit Card Visa MasterCard AMEX (not available in NSW, NT or SA)
- Diners Club (not available in NSW, ACT, NT or SA)

Card Number

.....

Card Expiry

.....

Cardholder Name

.....

Cardholder Signature

.....

Total Donation Amount \$

.....

Please indicate below if you would like us to send you a receipt for this donation.

- Yes, please send me a receipt No, I have already been provided with a receipt

Would you like to do more?

I would like to make a regular monthly gift of:

- \$25 \$50 \$100 \$

per month to be automatically charged to my credit card using the details above.

Individual donations of \$2.00 or more are tax deductible.

The Cancer Council (as defined below) in your State or Territory is collecting the information in this form for the purpose of registering you for this event or campaign and to assist your support for Cancer Council. If you do not provide this information, you may not be able to participate or provide support. Cancer Council may use your details to send you information and direct marketing communications about Cancer Council's and third parties' products, services, events, fundraising or any other activities which we consider may be of interest to you. You may unsubscribe by contacting us.

We may disclose your information to our contractors, third party service providers, volunteers and agents that may assist Cancer Council with fundraising. We may also disclose your information to like-minded organisations to contact you with information that may be of interest to you, including third party service providers who facilitate the sharing of information between such types of organisations. To see whether this applies to your information please refer to the Privacy Policy of the Cancer Council in your State or Territory.

Some of your personal information may be disclosed to our service providers who operate from countries outside Australia. Please see our website for more information. You consent to your information being disclosed outside Australia for this purpose and you understand and acknowledge that these other countries may not always have the same level of privacy protection as Australia. However, each Cancer Council will take reasonable steps to ensure that your information is used by third parties securely and in accordance with its Privacy Policy.

Each Cancer Council will handle your personal information in accordance with the Privacy Act 1988 (Cth) and its Privacy Policy (which is available at the websites below or which can be provided to you on request by calling 13 11 20). These Privacy Policies also explain how you can contact us to access and correct your personal information, or make a complaint about a breach of the Australian Privacy Principles.

For more information, please contact us on (02) 9334 1900 or privacy@nswccc.org.au.

Cancer Council means each of Cancer Council Australia www.cancer.org.au (ACN 130 783 725), The Cancer Council NSW www.cancer.org.au (ACN 51 116 463 848), The Anti-Cancer Council of Victoria www.cancervic.org.au (ACN 005 317 599), Cancer Council Queensland www.cancerqld.com.au (ACN 009 784 356), Cancer Council of Tasmania Inc. www.cancertas.org.au (TAS 032300), Anti-Cancer Foundation of South Australia www.cancersa.org.au (ACN 053 873 822), Cancer Council Western Australia (Inc.) www.cancerwa.asn.au (AS020219W), The Cancer Council ACT www.actcancer.org (ACN 113 298 901) and Cancer Council of the Northern Territory Inc. www.cancernt.com.au (NT 00603C).

Fundraiser Donation Pledge Form

Personal Details

Complete details for your receipt:

Title Mr Mrs Ms Miss Other (please specify)

First Name

Surname

Address (required)

Town/Suburb

State

Postcode

Date of Birth

Contact Number

Email

- Please tick here to confirm that you have read and agree to this privacy collection statement and the Privacy Policy of your State or Territory (which is available at websites below).

Send your completed form to your local Cancer Council office.

For address details visit: www.cancer.org.au/contactus

How you can help...

\$25

Will connect a woman with another woman who has gone through a similar cancer experience who can listen and share practical support.

\$50

Can help fund a call to a cancer nurse on 13 11 20, that informs and supports a woman through her cancer diagnosis.

\$100

Can help provide accommodation for a woman who needs to travel and stay away from home to access treatment.

*Services may differ between states/territories.

