



Membership & Donations

Simply complete the appropriate boxes and mail back to us.

MEMBERSHIP

I wish to apply for Membership of Childhood Cancer Support for the following people/organisation:

New Renewal

.....	—	—
.....	—	—
.....	—	—
.....	—	—

I understand children under 18 cannot be members, and that membership is for a financial year. Annual membership fee is \$10 per person or \$50 per organisation.

.....
Signature

Date:

YOUR DETAILS

Surname:.....

Given Name:.....

Address:.....

.....

.....

Email:

Phone: () Postcode:

Optional details (if they apply):

Name of Child:

Relationship to Child:

Area of Interest or Comments:

.....

.....

DONATION

I wish to make a donation of \$.....
to assist help in the fight against childhood cancer and its effects on families.

All donations of \$2 or more are tax-deductible

PAYMENT

Please find enclosed Cheque/Money Order

Or

Charge to my Credit Card as follows:

Ref. No. (Last 3 digits of Number on back):

Expiry date:/..... Visa

Mastercard

Bankcard

.....
Name on card

..... Total:

Signature

\$

Please mail to –
Childhood Cancer Support
PO Box 295, Red Hill Q 4059
Ph: (07)32524719

Or if paying by credit card;
Fax: (07) 3852 2350