Yes, I'll join the Miracle Club and make a real difference - with a regular donation to:

PO Box 127
Red Hill QLD 4059
Ph: (07) 3252 4719

With my **monthly** gift of **$** .....

Please make my debit on the **1st / 15th** (Cross out one) of each month,

commencing Month Year

Contributor Details

Please write in BLOCK LETTERS

Mr/Ms/Mrs/Miss/Dr First Name Middle Initial Surname

Home Address

Suburb State Postcode

Phone (h) Phone (w) Mobile

Email Date of Birth / /

Direct Debit Request

Request to establish Debit Authority in the Direct Debit System

Your Financial Institution Branch

Account Holder's Name

BSB Number - Account Number

Contributor's Name Contributor's Signature Date / /

Contributor's Name Contributor's Signature Date / /

*If the account is held in joint names, both parties **must** sign.*

Credit Card Request

Request to establish Debit Authority in the Credit Card System

Name on the Card

Card Type (please circle) Mastercard / VISA / AMEX / Diners

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date ☐☐ / ☐☐

Contributor's Name Contributor's Signature Date / /

Thank you for your contribution

Be assured that your donation will be used **entirely** for support of families with children affected by cancer – **no portion** will be used for administration costs.

- All contributions over $2 are tax deductible.
- Your tax deductible receipt will be issued at the end of the financial year.
- Please return your completed form to CCS.

HOW TO CONTACT CHILDHOOD CANCER SUPPORT

Phone	Fax	Web	Mail
07 3252 4719	07 3852 2350	www.ccs.org.au	CCS Fundraising Department PO Box 127 Red Hill Qld 4059

Please read and sign the following:

I understand this is a regular donation to Childhood Cancer Support Inc. who will deduct monthly donations until I advise otherwise. I am currently employed or have an independent income. I am over 18 years of age.

Please sign here to confirm you have read and comply with the above statements - ..... Date ..... / ..... /.....