

WITH YOUR HELP WE ARE MAKING A DIFFERENCE

In Loving Memory



Donation Slip

Date:

I would like to make a donation to the Bill Walsh Lab in memory of:

1. Your Details

Mr Mrs Ms Miss Dr Prof Other _____

First Name: _____ Last name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone number: _____ Email: _____

Please send notification of this donation to:

2. Payment Details

Amount: _____

Method of payment: Credit Card Cheque/MO* Cash EFT**
*payable to Kolling Foundation **please email or call us for details

Credit Card Details: Visa Mastercard Amex

Card number: _____ Expiry Date: _____ / _____

Name on card: _____ Signature: _____

Don't worry, we ensure that we do not keep hard copy credit card details

3. Area of support

Where Most Needed

Area of cancer research:

Please post the completed form to the address below. You will receive a receipt within 5-10 business days. All donations of \$2 and over are tax deductible.

Thank you for your support.