Monthly Pledge Form

Fight Cancer Foundation™
Giving hope. Saving lives.

Yes, I want to make a monthly pledge to the Fight Cancer Foundation and help Australians living with Cancer.

Prof ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Other _____

First Name _____ Surname _____

Address _____

Suburb _____ State _____ Postcode _____

Telephone _____ Email _____

Please accept my monthly pledge of:

$10 ☐ $20 ☐ $30 ☐ My Choice $ _____

☐ Please charge my credit card on the 17th day of each month thereafter.

☐ VISA ☐ Mastercard ☐ Diners ☐ AMEX

Name on card _____

Card No ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry ☐☐/☐☐

Signature _____

Please complete this donation form
and fax to (03) 9342 7842
or return to:

Fight Cancer Foundation
Locked Bag AAA
PO Carlton South Vic 3053

Thank you for your generous support.
Donations of $2 or more are tax-deductible.
A statement of your annual donation total will be issued each year in July for tax deductibility.

Fight Cancer Foundation ABN: 45 127 505 739
ACN: 127 505 739