

Monthly / Regular Giving Donations Form

Yes I would like to make a regular donation to the GI Cancer Institute to help fund gastro-intestinal clinical cancer trials research. I understand that I can start and stop payments at any time by contacting the GI Cancer Institute.

I would like to make a periodic payment of (please tick):

\$25 \$50 \$75 \$100 Other _____

Frequency of giving (please tick) Weekly Fortnightly Monthly

YOUR DONATION DETAILS (to appear on tax receipt)

First name:

Surname:

Address:

Suburb:

State:

Postcode:

Phone:

Email:

PAYMENT DETAILS

All donations \$2 and over are tax deductible. A tax receipt will be emailed to you automatically after each periodic payment. If an email address is not supplied, a tax receipt will be mailed to you. By signing this form you agree to the Terms & Conditions on the GI Cancer Institute website.

Credit Card Type (circle): Visa Mastercard

Name on card: _____

Card Number: _____|_____|_____|_____

Expiry Date: _____|_____

Signature: _____

Date: _____

Please send this form back to the GI Cancer Institute:

Email to donations@gicancer.org.au

Fax to (02) 9562 5348

Post to Donations Officer, Locked Bag 77 Camperdown NSW 1450.