Donation Form

Name of Donor: _____

Address: _____

_____

Phone: _____

Mobile: _____

E-mail: _____

Donations of $2.00 or more are Tax deductible.

Please accept my donation: $ _____

Cheque: ☐ Money order: ☐ Credit Card: ☐

Please debit my credit card:

MasterCard: ☐ Bankcard: ☐ Visa: ☐

Expiry date: ____/ _____

Name on Credit Card _____

Signature: _____

***If a memorial gift*:**

Acknowldegement of donation will be sent to NOK

Name of Deceased: _____

_____

Name of next of Kin: _____

_____

Relationship of Deceased to NOK: _____ _____

_____

Address of NOK: (For acknowledgement purposes)

_____

_____

_____

_____

Thank you for supporting the Cancer Council NT
Donations of $2 or more are tax deductible

Office Use Only:

Date Received _____ Amount _____ Recorded by _____ Receipt #_____