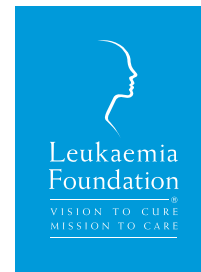


# YES I'D LIKE TO HELP BEAT BLOOD CANCER



## MY DETAILS

Name: .....

Address: .....

State: ..... Postcode: ..... Phone: .....

Email: ..... Date of Birth:..... / ..... / .....

Many of our friends have left a gift in their Will to help achieve a blood cancer free future.

- Yes, I too am passionate about a blood cancer free future and would like some information about giving to the Leukaemia Foundation in my Will.
- I have already left a gift to the Leukaemia Foundation in my Will

## DONATION

I would like to give a gift of \$ .....

Donations \$2 or more are tax deductible. Your receipt will be sent to you.

## PAYMENT METHOD

Cheque  Money order (made payable to Leukaemia Foundation)

Credit card      

Card number

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Expiry date

M	M	/	Y	Y
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Card holder name

Signature

Direct deposit

Account name: The Leukaemia Foundation of Australia

Account number: 856 164 475

BSB: 082 057

Please put your full name in the reference field when using direct deposit.

Make a secure online donation at [leukaemia.org.au](http://leukaemia.org.au)

## PLEASE RETURN THIS FORM TO:

Leukaemia Foundation

Reply Paid 9954, Brisbane, QLD 4001

**Privacy notice:** Your personal information is collected to enable us to provide you with a receipt for donations and Leukaemia Foundation news. You can request to have your details removed at any time by phoning 1800 620 420. To read more about how the Foundation uses your information and our full privacy policy please visit [leukaemia.org.au](http://leukaemia.org.au)