

I wish to make a Donation



Please complete and post to:

**Appeals Manager
Myeloma Australia
PO Box 5017
BURNLEY, Victoria, 3121**

**Head Office
333 Swan Street
RICHMOND, Victoria, 3121
Tel: (03) 9428 7444
Fax: (03) 9428 4844
Toll Free: 1300 632 100**

Mr/Mrs/Ms/Dr/Prof (other)

(First name)

(Surname)

Address:

..... PostCode:

Phone: ()

Mob:

Email:

Please find enclosed my Gift of \$

My gift is in Memory / Support / Honour of

I wish my gift to be acknowledged to their Next Of Kin:

(NOK) Name:

Address:

..... PostCode:

Payment Method: Cash CHQ Money Order Receipt Required
 Visa AMEX Mastercard No Receipt

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Expiry Date: / CCV

Name on Card:

Cheques to be made payable to "Myeloma Foundation of Australia Inc"

Strict confidentiality will be observed with any information provided. Gifts of \$2.00 and over are tax deductible.