

## Help Think Pink Make A Difference – Make A Donation

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

I wish to make a one-off tax-deductible donation for the following amount to The Think Pink Foundation to help breast cancer patients in need:

\$20    \$30    \$40    \$50    \$100    Other \$ \_\_\_\_\_

Accordingly, I hereby make payment by: (Please tick and complete as appropriate)

I enclose my cheque (please make out to Think Pink Foundation)

I have effected an EFT to Think Pink Foundation (BSB: 083-004 Account No: 87-154-4900)

I hereby authorise the payment of the following amount \$ \_\_\_\_\_ from my Credit Card:

Visa    Mastercard    Amex    Diners

Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_   Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_   Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please send completed form to Think Pink Foundation:

Fax (03) 9690 9004 | Email: [info@thinkpink.org.au](mailto:info@thinkpink.org.au) |

Post: Ground Floor, 119 Market Street South Melbourne VIC 3205