

DONOR RECEIPT FORM

Relay For Life 2016

Donations of \$2 or more are tax deductible.
Receipts will be issued by Cancer Council NSW.
PLEASE KEEP A COPY FOR YOUR RECORDS



Team Name: _____

Team Captain: _____

Phone: _____

NO RECEIPT WILL BE ISSUED IF FULL NAME AND MAILING ADDRESS ARE NOT SUPPLIED AND WRITTEN LEGIBLY - PLEASE PRINT

| Donor's Full Name (First, Last) | Mailing Address | | | | Donation | Receipt Requested |
|---------------------------------|----------------------|-------------|-------|----------|----------|-------------------|
| | Street Number & Name | City/Suburb | State | Postcode | | |
| 1 | | | | | \$ | Yes / No |
| 2 | | | | | \$ | Yes / No |
| 3 | | | | | \$ | Yes / No |
| 4 | | | | | \$ | Yes / No |
| 5 | | | | | \$ | Yes / No |
| 6 | | | | | \$ | Yes / No |
| 7 | | | | | \$ | Yes / No |
| 8 | | | | | \$ | Yes / No |
| 9 | | | | | \$ | Yes / No |
| 10 | | | | | \$ | Yes / No |
| 11 | | | | | \$ | Yes / No |
| 12 | | | | | \$ | Yes / No |
| 13 | | | | | \$ | Yes / No |
| 14 | | | | | \$ | Yes / No |
| 15 | | | | | \$ | Yes / No |

INSTRUCTIONS TO FUNDRAISERS: Print your donors' details clearly in the table above. **No receipt will be issued unless ALL details are legibly supplied.** Return the donation sheet & cheque or money order to the address below. Cancer Council NSW will process all donations and post an official receipt to appropriate donors. Receipts cannot be issued for non-cash donations. Contact Cancer Council NSW for further queries.

Cancer Council NSW, PO Box 816, POTTS POINT NSW 1335 relayforlife@nswcc.org.au