PANKIND AUSTRALIAN PANCREATIC CANCER FOUNDATION LIMITED DONATION FORM

ABN: 22 145 513 060

Please complete and return this form to:

PanKind PO Box 1216 Manly, NSW 1655

PERSONAL DETAILS

or email form to: info@pankind.org.au



| Title | itle FirstName | | LastName | | | |
|--|-------------------------|--|-------------------------------|---|--|--|
| CompanyName | | | | | | |
| Email Address | | | | Email is our preferred method for sending down, so please provide, otherwise comple | | |
| Address | | | | City | | |
| State | | Post co | de | Phone number | | |
| Check this box if | f you would like to opt | out of receiving | our newsletter (ensure e | mail address is provided above). | | |
| | | | | | | |
| YOUR DONATION | | | | | | |
| Yes, I would like | to help PanKind achie | ve their missio | n of tripling the pancreation | c cancer survival rate by 2030. | | |
| Amount | | | | | | |
| My cheque or money order made payable to PanKind Australian Pancreatic Cancer Foundation | | | | | | |
| | · | Direct Deposit into our bank account (details below) | | | | |
| SELECT A PAYMENT OPTION | | Branch: Martin Place, Sydney BSB: 062-000 Account no: 13924823 Account Name: PanKind Australian Pancreatic Cancer Foundation | | | | |
| | Credit Card (tick | Credit Card (tick type and complete details) | | | | |
| | VISA | VISA Mastercard | | | | |
| | Amount | | | | | |
| | Card number | / | / / | (enter 4 digits into each area) | | |
| | Expiry date | / | Security code | (3 digit CVV on back of card) | | |
| | Card name | | | | | |
| | Signature | | | | | |
| | | | | | | |
| NOTE (optional) | | | | | | |
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| IN MEMORIAM (if | applicable) | | | | | |
| My donation is in me | emory of | | | Relationship to deceased | | |