

SolarisCare Foundation

Sponsorship/Donation form



Please complete the details requested below and return this form, together with your payment to:

SolarisCare Foundation. PO Box 7144, Shenton Park. W.A. 6008
(Cheques/money orders made payable to 'SolarisCare Foundation')

We will issue you with a tax deductible receipt.

Sponsor or Donor details *(please print)*

Sponsor or Donor name(s): _____

Mailing address: _____

Telephone: (Home) _____ (Mobile) _____

Email: _____

I give permission for my/our name(s) to be used in a list of Sponsors/Donors
(SolarisCare Foundation will not share any personal details with any external parties without expressed permission)

Sponsorship/donation amount

Single donation amount \$ _____

Annual donation or other gifting option. Please give details:

Bequest. Would you like us to contact you to discuss further? Yes No

Payment options *(please print)*

I have enclosed a cheque/money order for the full amount.

Direct deposit.

Westpac. SolarisCare Foundation. BSB 036-051 Account 258786

Please debit my: _____ Master Card _____ Visa Card

Card number: _____

Expiry: ____ / ____ Amount: \$ _____ Date: ____ / ____ / ____

Name on card: _____ Signature: _____

THANK YOU FOR MAKING A DONATION

SolarisCare Foundation Cancer Support Centres

St. John Of God Hospital, 12 Salvado Road, Subiaco. W.A. 6008 | P: (08) 9388 9788 | F: (08) 9388 9700
Sir Charles Gairdner Hospital, Block E, Nedlands. W.A. 6009 | P: (08) 9346 7630 | F: (08) 9346 3793
E: info@solariscare.org.au W: www.solariscare.org.au
ABN 61 116 807 704