



Life Force Cancer Foundation

Supporting PEOPLE living with cancer since 1993

ABN 61 068 056 682 CFN 15707 DGR 428809

PO Box 331

Westgate NSW 2048

internet: www.lifeforce.org.au

email: info@lifeforce.org.au

Patrons: **Gabi Hollows AO**

Prof Michael Friedlander AM MBChB MRCP FRACP PhD

REGIONAL SUPPORTIVE CARE PROJECT DONATION

I want to make a difference to the lives of people and their loved ones living with cancer, by donating.

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____
Name	
Postal Address	
Email	
Phone or Mobile	

I would like to support the essential and ongoing work of Life Force Cancer Foundation by making a monthly pledge of:

- \$30** (\$30 over a year will provide a patient with a fully funded retreat)
- \$50** (\$50 over a year will provide a patient/carer with monthly individual counselling)
- \$75** (\$75 over a year will provide 2 dedicated cancer care health professionals with a fully funded retreat)
- \$100** (\$100 over a year will provide 3 patients/carers with weekly support groups)
- Other monthly amount** (\$_____)
- Once off donation of** (\$_____)

Enclosed is a cheque or money order made payable to Life Force Foundation Ltd **or**

Bank transfer to Westpac Bank Name: *Life Force Foundation Ltd. BSB: 032 267 Acc: 384 724* **or**

Please charge my credit card

MasterCard

Visa

Card Number: _____ Expiry Date: _____

Name on card: _____

Signature: _____

Many thanks for your support from all of us at Life Force and from those who continue to benefit from your generosity. We will email a receipt and look forward to your continuing support now and in the future.

Please post to; Life Force Cancer Foundation, Reply Paid 331 Westgate NSW 2048
(No stamp required if posted in Australia)

or alternatively please make your donation via a secure connection at our website at
www.lifeforce.org.au/regional/