

Credit Card Joining Form

Please print and complete this form and return it to:

Lifehouse at RPA
PO Box M5
Missenden Road, CAMPERDOWN, NSW 2050

Yes, I want to support Lifehouse at RPA

Please debit the following amount from my card on the 17th of each month:

\$100 \$75 \$50 \$30 \$20 \$5 other \$ _____

Note: Credit card payments may occasionally be debited later than the 17th of the month due to bank processing changes.

Credit card details:

Visa Mastercard Amex

Card No. _____ / _____ / _____ / _____ Expiry date _____ / _____

Name on Card _____

Signature _____ Date _____

Your Details:

Information you provide on this form will only be used by Lifehouse at RPA, The Chris O'Brien Cancer Centre and not passed onto any third party. You can read our privacy statement that is available online at <http://www.sydneycancer.com.au> or by contacting us on 1300 852 500.

Title _____ First Name _____

Last Name _____

Postal Address _____

Suburb _____ State _____ Postcode _____

Ph (bus) _____ (home) _____ (mob) _____

Email _____

Date of birth: ____ / ____ / ____