



Donation Form - I would like to support the work of Arrow!

Title.....Given name.....Surname.....

Organisation (if donation is from an organisation).....

Phone.....Email address.....

Postal Address.....State.....Postcode.....

Yes... I would like to donate \$..... to the Arrow Bone Marrow Transplant Foundation

My cheque/money order is enclosed

Please charge my credit card:

MasterCard

Visa

American Express

Credit Card Number:

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Name on Card:

Expiry Date:/.....

Cardholder's signature:

Date:/...../.....

Donations in memoriam

My donation is in memory of.....(insert name)

If you would like us to notify the family of your donation, please include their contact details below.

.....
.....
.....

I would like my donation to remain anonymous to the family (please tick)

I do not wish to receive any further correspondence from Arrow (please tick)

Send this form and your donation to:

Arrow Bone Marrow Transplant Foundation

16 Leichhardt St

Darlinghurst NSW 2010

Fax: 02 9360 7975 or email info@arrow.org.au

Information & Privacy Policy:

Your information will be used by Arrow for the purpose of data processing, receipting of donations and to keep you informed of our programs and services.

A fuller explanation of Arrow's privacy policy and enquiries with regard to obtaining access to your data is available at www.arrow.org.au