



## IN MEMORIAM DONATION FORM

Please complete and return to:

**LIFEHOUSE AT RPA**

**IN MEMORIAM**

Mail: PO Box M5, Missenden Road, Camperdown NSW 2050 or by

Facsimile: (02) 9515 2001 Email: [enquiries@lifehouserpa.org.au](mailto:enquiries@lifehouserpa.org.au)

**I WOULD LIKE TO MAKE A TAX-DEDUCTIBLE DONATION TO THE CHRIS O'BRIEN LIFEHOUSE AT RPA**

IN MEMORY OF: \_\_\_\_\_

Acknowledgement Card sent to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### YOUR DETAILS

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Company (if donation is from an organisation): \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### DONATION TO LIFEHOUSE

Please make cheque/money order payable to Lifehouse at RPA

### IN MEMORY DONATION

I would like to make an individual donation to support Lifehouse at RPA

\$75      \$125      \$50      \$25      Other: \$ \_\_\_\_\_

*Your tax-deductible receipt will be mailed to you.*

### CREDIT CARD PAYMENT

AMEX    MASTERCARD    VISA

Card Number: \_\_\_\_\_

CVV number: \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_

*(3 or 4 digit number found on back or front of card)*

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send me newsletters via email rather than mail (to my email address above)

I would like to receive information about including The Chris O'Brien Lifehouse at RPA in my Will.

**THANK YOU FOR YOUR GENEROSITY AND  
COMPASSION FOR PEOPLE WITH CANCER**