



SPONSOR FORM

I'm proud to support The Kids' Cancer Project. Please include your details below if you wish to sponsor me and require a tax receipt. Thank you!



TITLE	FIRST NAME	SURNAME	MAILING ADDRESS	PHONE	TYPE OF PAYMENT (Cash, Chq, Credit Card)	TOTAL
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
TOTAL						\$

Please note, The Kids' Cancer Project will will receipts directly to each sponsor.
 Please forward form via:
Mail: Attn: Fundraising, The Kids' Cancer Project PO Box 6400, Alexandria NSW 2015
Email: fundraising@tkcp.org.au