MOVEMBER
RECEIPT REQUEST FORM

Cancer Society | Mental Health Foundation of New Zealand | Movember Foundation

NAME: _____

REGISTRATION: _____

IMPORTANT
Receipt Request Form(s) must be sent in with the Donation Form.

NEED HELP?
Call (9)889 0466 or visit the FAQ page nz.movember.com/faq

STEP 01
If one of your donors requires a receipt, please fill out their details below. Three receipts can be requested per page.

All donations over $5 are tax deductible.

STEP 02
Mail your Receipt Request Form(s) along with your Donation Form and any cheques, money orders and bank deposit receipts to:

Movember
PO Box 12 708
Wellington 6144

PLEASE COMPLETE

DONATION AMOUNT

.

DATE OF DONATION

/ /

DONOR'S NAME FULL NAME

PROVIDE A RECEIPT VIA:

EMAIL

OR

POST

EMAIL ADDRESS (A faster and greener way to receive your receipt)

POSTAL ADDRESS (A postal receipt may take up to three months to be issued, email is the preferred option)

DONATION AMOUNT (NUMBERS ONLY)

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DATE OF DONATION

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