

CONTACT US TODAY

CANCER SOCIETY, CENTRAL DISTRICTS DIVISION INC
Young House, 127 Ruahine Street, PO Box 5096
Palmerston North 4441
T: 06 356 4011
E: mail@cancercd.org.nz
F: Cancer Society NZ, Central Districts

GISBORNE/EAST COAST CENTRE
Gisborne Hospital, Ormond Rd, PO Box 708
Gisborne 4040
T: 06 867 1795
E: enquiries.gis@cancercd.org.nz
F: Cancer Society Gisborne East Coast

HAWKE'S BAY CENTRE
207 Nelson St South, P.O Box 1014, Hastings 4156
T: 06 876 7638
E: enquiries.hb@cancercd.org.nz
F: Cancer Society HB

MANAWATU CENTRE
Addis House, 135 Ruahine Street, PO Box 5170
Palmerston North 4441
T: 06 356 5355
E: enquiries.mtu@cancercd.org.nz
F: Cancer Society Manawatu

WANGANUI CENTRE
3 Koromiko Rd, PO Box 7116, Whanganui 4541
T: 06 348 7402
E: enquiries.wgi@cancercd.org.nz
F: Wanganui Cancer Society

TARANAKI CENTRE
71 Lorna Street, PO Box 5153, Westown
New Plymouth 4343
T: 06 757 3006
E: enquiries.tar@cancercd.org.nz
F: Cancer Society of NZ Taranaki Centre Inc



WORKING TOGETHER WE CAN ACHIEVE SO MUCH

Why choose Regular Monthly Giving?

What we can achieve with your help:



VOLUNTEERING

\$20 will provide an information pack for 1 patient with 4 books.



SUPPORTIVE CARE

\$40 will provide a 1 hour face to face support session



HEALTH PROMOTION

\$80 transports 2 patients to Palmerston North for treatment



RESEARCH

\$100 helps to make schools SunSmart and work towards a Smokefree NZ

\$200 will help fund vital research into the causes and treatment of cancer, helping to look towards a cancer free future.

“Anyone who thinks that they cannot make a difference has never tried to fall asleep with a mosquito in the room”

Christine Todd Whitman

All donations stay in your local community

Yes, I am pleased to help the Cancer Society by becoming a regular donor. I have completed the Automatic Payment form.

My Details:

Name: _____

Address: _____

Email: _____

Phone: _____

DOB: _____

Please return your completed form to:
 Cancer Society of NZ Central Districts Division Inc,
 PO Box 5096, Terrace End, Palmerston North 4441

Conditions

- The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
- Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow such directions.
- The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
- I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
- This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
- The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the Bank or draw on my/our account.
- The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
- This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed above.
- This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or other revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
- All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

Not to operate as an assignment or an agreement

Payer Details To the Manager

Name of Bank _____

Branch _____

Name of Account _____

Important - Please Tick

This is a new authority, or

As from ____ / ____ / ____ (first payment date), this authority replaces existing authorities for \$ _____

Account Details

On behalf of (name if other than payer) _____

Bank/Branch/Account number/Suffix

Details to appear on my/our Bank statement:

Particulars (max 12 characters)

Code (max 12 characters)

Reference (max 12 characters)

Frequency and Amount

First payment date ____ / ____ / ____

Last payment date ____ / ____ / ____ Or until further notice

Frequency: Weekly Fortnightly Four weekly Monthly or Specify other period _____

Fixed amount \$ _____ Amount in words _____

Complete if applicable (one option only): Variable amount First Last \$ _____ Amount in words _____

Payee Details

Pay to the credit of: **ANZ Bank New Zealand Ltd** Branch: **Cnr Cuba & Rangitikei Streets, Palmerston North**

Name of account: **Cancer Society of New Zealand Central Districts Division Inc.**

Bank/Branch/Account Number/Suffix **06 0729 0309758 000**

Details to appear on payee's Bank statement:

Particulars (max 12 characters)

Code (max 12 characters)

Reference (max 12 characters)

Authorisation

Please make this automatic payment as detailed by debiting my/our account.

I/We understand and accept that the bank accepts this authority only on the conditions above.

Name of account (customer to complete) _____

Customer's signature _____ Contact ph _____ Date ____ / ____ / ____

Customer's signature _____ Contact ph _____ Date ____ / ____ / ____

Bank use

Date received ____ / ____ / ____ Recorded by _____ Checked by _____