

**Cindy Mackenzie Breast Cancer Foundation, Inc.  
 Community Fundraising Remittance Statement**

The Fundraising remittance statement is to be completed and submitted within four weeks of the completion of the event.

**Fundraiser Details**

|                       |          |        |     |
|-----------------------|----------|--------|-----|
| <b>Event Name</b>     |          |        |     |
| <b>Event Date</b>     |          |        |     |
| <b>Contact person</b> |          |        |     |
| <b>Postal address</b> |          |        |     |
| <b>Telephone</b>      | Business | Mobile | Fax |
| <b>Email</b>          |          |        |     |

**Remittance Details**

|                       |  |
|-----------------------|--|
| <b>Amount raised</b>  | \$   |
| <b>Method</b>         | <input type="checkbox"/> EFT <input type="checkbox"/> Cheque <input type="checkbox"/> Cash |
| <b>Date remitted:</b> |  |
| <b>Comments:</b>      |  |

**Account Details**

|                       |  |
|-----------------------|--|
| <b>Account Name</b>   | Cindy Mackenzie Breast Cancer Foundation, Inc.<br>(ABN 94 801 845 658) |
| <b>BSB</b>            | 014-650  |
| <b>Account Number</b> | 485815514  |

For all remittances transferred via EFT, please fax the completed remittance statement to 07/5476 7046. Alternatively post your cheque together with your remittance statement to the Foundation address below. Thank you for your support.

