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**Breast Cancer Support Friend: Subscription Renewal/New Subscription**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb & City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post code\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Membership**: □ I would like FREE membership to BCS
**Donation:** □ I would like to make a donation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **My donation has been paid :**
□ online at [www.breastcancersupport.co.nz](http://www.breastcancersupport.co.nz)

□ by direct credit to Breast Cancer Support Inc. ANZ a/c 06-0222-0175754-00
(please enter your last name in the Reference section)

□ by cheque to Breast Cancer Support Inc, PO Box 10150, Dominion Road, Auckland 1446

□ cash **I agree to BCS emailing me:**
□ the quarterly newsletter □ notices of upcoming events and news

 **My receipt (if donating by direct credit, by cheque, or in cash):**
□ email to me □ post to me □ I do not need a receipt

**Please complete this form and return to us at** **support@breastcancersupport.co.nz****, or by post to the address below.**

***Thank you for supporting us. Donations over $5 are tax deductible***