

# Making a Donation



Cerebral Palsy  
ALLIANCE

Formerly known as The Spastic Centre

Thank you for donating to help children and adults with cerebral palsy. Your donation will help them lead a more independent life.

Please print out this page and fax your details to us on (02) 9451 6731 or mail it with your cheque, credit card details or money order to:

Donor Supporter Services  
Cerebral Palsy Alliance  
PO Box 6427, Frenchs Forest  
NSW 2086

## YOUR DETAILS

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Company (if applicable): \_\_\_\_\_ Position (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Tel (day): \_\_\_\_\_ Tel (evening): \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_ Date of birth (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I wish to make a donation of AU\$ \_\_\_\_\_

Please debit the amount indicated to my

Bankcard  Mastercard  Visa  Amex  Diners

Card Number

Expiry     CCV

Signature: \_\_\_\_\_

## OR

Please charge AU\$ \_\_\_\_\_  Monthly  Quarterly

to this credit card until we advise otherwise.

## I would like to receive information about:

- Making a gift in my will
- Fundraising for Cerebral Palsy Alliance

If you do not wish to receive information from Cerebral Palsy Alliance please tick the box