the centre for cerebral palsy
celebrating potential, creating possibilities

# Authority For Periodical Deductions

Chief Executive Officer
The Centre for Cerebral Palsy
106 Bradford St
COOLBINIA WA 6050

commencing on ..... please debit my credit card account
[ insert date ]

☐ Mastercard ☐ Visa

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date .....

with the sum of ..... [$.....]
[ amount in words ]

each month until * .....
* Insert date of final withdrawal **or** "further notice"

and place the amount to the credit of The Centre for Cerebral Palsy [ABN 79 057 702 959] with the Commonwealth Bank, Beaufort St, Mount Lawley, such sum being a donation to The Centre for Cerebral Palsy.

I understand that this authority will remain effective until date of final withdrawal as stated above or until written notice of such revocation is received by The Centre for Cerebral Palsy.

.....
[Please print name and address clearly]

.....

..... ..... .....
[Phone] [Mobile] [Email]

..... .....
[Signature] [Date]

Please complete and return to Chief Executive Officer, The Centre for Cerebral Palsy 106 Bradford Street, Coolbinia, 6050.

Ref: S:\DEPT\FNDR\FUNDRAISING PROGRAMMES\MONTHLY PLEDGE\AUTHORITY.DOC