

Donation Form

Donor Details

Title _____ First Name _____ Surname _____

Company (if applicable) _____

Position (if applicable) _____

Address _____ Postcode _____

Phone (Work) _____ Phone (Home) _____

Mobile Phone _____

Email _____

Donor Number _____

(If you have donated to The Centre for Cerebral Palsy before and know your donor number please record it above)

I wish to make a gift to The Centre for Cerebral Palsy of \$ _____ (AUD)

Payment Options

- Please deduct my Visa / Mastercard (circle) :

Card Number: ____ / ____ / ____ / ____

Exp Date ____ / ____

Name of Cardholder _____

Signature _____

- Please fax this form to:

(08) 9444 7299
Attention: Coralie Cook

- Please send this completed form with your credit card details, cheque or money order to:

The Centre for Cerebral Palsy
PO Box 61
MT LAWLEY WA 6929

**Your gift is tax-deductible and a receipt will be sent out to you shortly.
Thank you.**