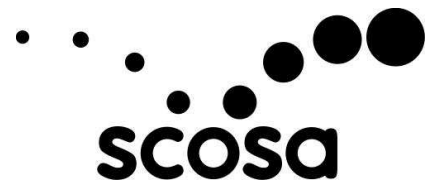


Off-line Donation Form



YES, I want to help the Spastic Centres of South Australia make a real difference.

Your Details

Dr / Mr / Mrs / Miss / Ms (circle appropriate choice)

First Name:

Address:

Surname:

Suburb:

Post Code:

Phone:

Email:

Your Donation

Please accept my tax deductible gift of

\$30

\$50

\$100

My Choice \$ _____

Or

I would like to become a regular donor.

Please debit my credit card for \$ _____ Monthly Quarterly until further notice

My cheque, made payable to **scosa**, the Spastic Centres of South Australia is enclosed

Or please debit my Credit Card (please circle appropriate choice - minimum charge \$10)

Visa

Bankcard

Master Card

Card No _____

Card Holders Name: _____

Signature: _____ Expiry Date: _____

Please note: Donations of \$2 and over are Tax Deductible

I would like to receive information about assisting **scosa** through:-

Lottery Tickets

Fundraising Events

Bequests

Employee Giving

Please be assured your details remain strictly confidential in line with the **scosa** Privacy Policy.

If you do not wish to receive further information from **scosa**, please tick this box

Please return this form with your donation to **scosa** PO Box 49 Woodville SA 5011
or Fax: 08 8347 2208 (if paying via Credit Card)

Thank you for supporting scosa, the Spastic Centres of South Australia Inc