

Thank you for your support, which we will use to help the Cerebral Palsy Education Centre. All donations of \$2 or more are tax deductible.

I would like to donate:

\$10 \$20 \$50 \$100 Other Amount \$.....

This donation is Recurring each Fortnight / Month / Year

OR A one-off payment

My details are:

APS Benefits Group member number (if applicable):.....

Name:.....

Address:.....

Mobile:..... Email:.....

Payment Details (please choose one)

1. Direct Debit from Bank Account

I authorise the APS Benevolent Fund Ltd (ACN 625 857 972) to arrange for funds to be debited from the account at the financial institution identified below through the Bulk Electronic Clearing System (BECS) and paid to the APS Benevolent Fund Ltd as a donation.

BSB Number:..... Account Number:.....

Account Name:.....

2. Credit Card

Number:..... Exp...../..... CVV.....

Signature:..... Date:.....

3. Bank Deposit

If you wish to deposit your donation into our bank account, our details are:

BSB: 063 158

Account: 10463206

Account Name: APS Benevolent Fund Ltd

Reference: Your Name

4. Cheque

Payable to: APS Benevolent Fund

Please send to the PO Box below