



CLIENT SPONSORSHIP FORM

Yes, I can help.

Please use this donation slip if you would like to donate to the Walk On Spinal Cord Injury Recovery Program. If you would like to sponsor an individual client of the program please ensure that you complete their details below.

Individual Client Sponsorship: YES NO

If Yes please print their name in full:

CLIENT NAME: _____

My contact details (Required for all Credit Cards and any Sponsor requiring a receipt)

Name

Address

Suburb P/code

Contact number

Email

Yes, I would like to find out about a direct debit. If you tick this box please complete your details and mail this form to us. Alternatively you may email it to walkon@scia.org.au

I want to make a sponsorship for the amount of:

\$

Yes. I would like this amount deducted from my credit card on a monthly basis.

My cheque/money order made payable to Spinal Cord Injuries Australia is enclosed OR my preferred payment option is

Visa MasterCard Amex Diners

Card Number

Expiry date

Cardholders Name

Signature

Please complete and post to

**SCIA – Walk On
Reply Paid
PO Box 397
Matraville NSW 2036 Australia**

**Phone (02) 9661 8855
Please visit our website www.scia.org.au**