

DONATION FORM

Please accept my single donation to Spinal Talk Incorporated

\$20
 \$50
 \$100
 Other \$ _____

I have completed all details requested below, and ask that you debit my credit card of this amount accordingly **or**

I have completed all details requested below, and enclose my cheque/money order payable to **Spinal Talk Incorporated**

Donor's Contact Details

Mr/Mrs/Ms _____ First Name _____ Surname _____

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Suburb _____ State _____ P/Code _____

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Type of Card: VISA MasterCard Bankcard Cheque

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Expiry date: ___ ___ / ___ ___

I authorise the above amount to be deducted forthwith.

Signed _____ Date _____

You can also directly donate via electronic transfer to Spinal Talk Incorporated on the ANZ account number **012256 483612457**

Privacy Information

Spinal Talk Incorporated respects your privacy and is committed to the National Privacy Principles which are contained in the Privacy Act 1998 and the Privacy (Private Sector) Amendment Act 2001.

Mail To:

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NSW 2112

Fax To:

(02) 9808 8645

Your kind donation will help us meet the needs of people affected by SCI.