



## DONATION FORM

Please complete and return this form to:  
Wheelchair Sports Victoria  
Reply Paid 207  
Abbotsford VIC 3067  
(No stamp required)  
OR  
Fax to (03) 94730134



ABN: 90 355 468 664  
Permit No. 9364

***Your kind support of the Australian Paralympic Youth Games is much appreciated.  
Upon receiving your kind donation, we shall forward your official receipt for tax purposes.***

### **YOUR DETAILS**

**1. Individual name** Title \_\_\_\_\_ Surname/Family Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_

**2. Business or entity name** (if applicable) Company ACN/ABN: \_\_\_\_\_

**3. Postal Address** \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

**4. Contact** phone/mobile number \_\_\_\_\_

Email \_\_\_\_\_

### **PAYMENT OPTIONS**



#### **By Mail:**

Please mail your cheque /money order payable to:  
Wheelchair Sports Victoria



#### **To EFT:**

**Bank: National Australia Bank**  
**BSB: 083-170**  
**Account no: 46542-0216**



#### **Telephone & Internet Banking**

**Billers Code :75325**  
**Reference : phone number**

Contact your financial institution to make this payment from your bank account (excluding credit cards).  
Minimum payment \$10.00



#### **By Phone:**

Please call (03) 9473 0133 to make a payment via credit card.  
Minimum payment \$10.00



#### **Credit Card:**

Complete your credit card details as follow. Or visit our website: [www.wsv.org.au](http://www.wsv.org.au) to make payments online via credit card.  
Please use your telephone number as Reference Number. Minimum payment \$10.00

### **CREDIT CARD DETAILS**

Visa  Mastercard  Amex  Diners Amount: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_