

The Spastic Centre
For people with cerebral palsy
Building Futures



Core Values

INTEGRITY

we are ethical and fair; and we deliver what we promise

EXCELLENCE

we create, adopt and strive for the very best

PASSION

we are inspired by challenges and enthusiastic about the future

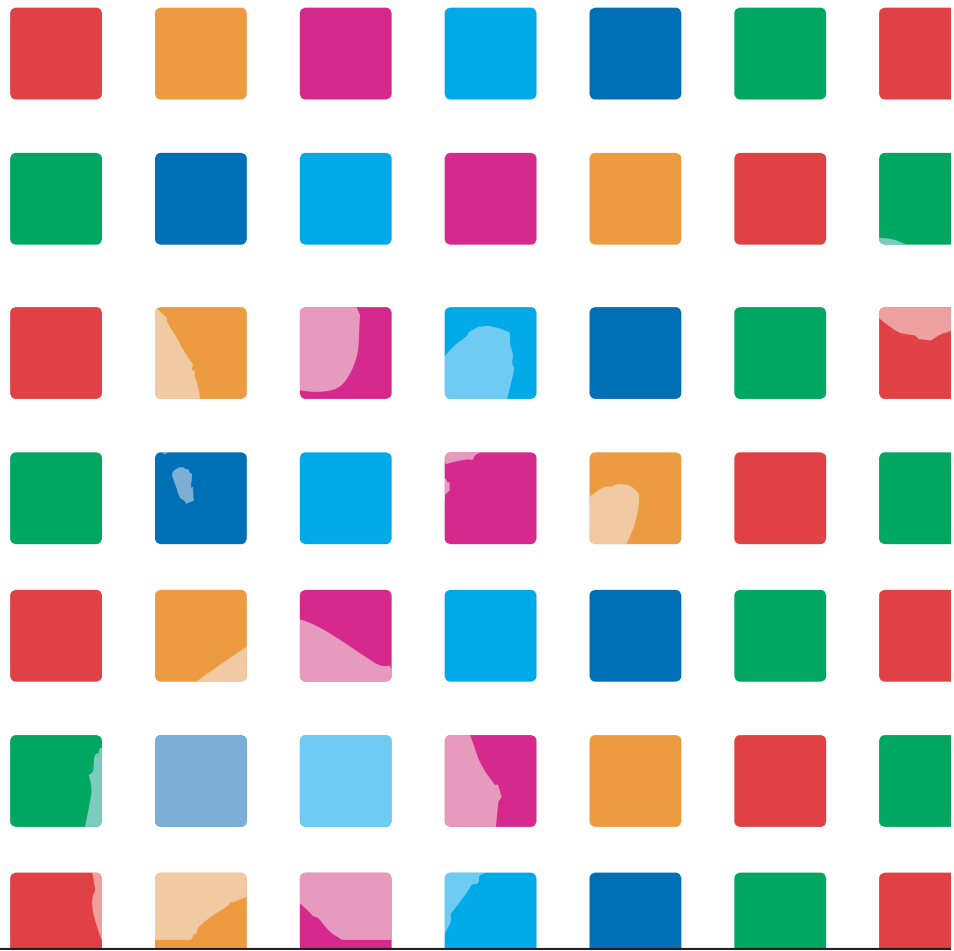
RESPECT

we put people first and respect diversity





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Allambie Heights NSW 2100
PO Box 184
Brookvale NSW 2100
T (02) 9451 9022
F (02) 9451 4877
E scnsw@tscnsw.org.au
W www.thespasticcentre.com.au
CP Helpline
T 1300 30 29 25
E cphelpline@tscnsw.org.au



HOW YOUR DONATION CAN HELP US!

Your monthly contribution will greatly help children and adults with cerebral palsy to lead independent, fulfilling and enjoyable lives.



■ \$20 per month will provide Jessika with 1 hour of playgroup.

■ \$30 per month will fund a child's aqua fitness or therapy program.



CREDIT CARD DETAILS

Please debit my credit card for the following amount on a monthly basis: \$ _____

Card #: ____/____/____/____

Expiry date __/__

Card Type:

Mcard Visa Bcard Amex Diners

Signature: _____

Cardholder Name: _____

OR

DIRECT DEBIT DETAILS

I/we request that an amount of \$ _____ be drawn from my/our bank account as a donation to The Spastic Centre under the Direct Debit System on a monthly basis (minimum \$10 per month).

Account Details

Financial Institution: _____

BSB: _____

Account Number: _____

Account Name: _____

I/we authorise The Spastic Centre of NSW APCA ID 207171 to debit my/our account \$ _____ per month to The Spastic Centre of NSW. Authorise and request the Debit User to debit the customer's account through Bulk Electronic Clearing System.

Acknowledgement

By signing this Direct Debit Request you acknowledge that you have read and understood the terms and conditions of the Client Services Agreement governing the debit arrangements between you and The Spastic Centre of NSW as set out in this Request and the Direct Debit Request Service Agreement.

Signature/s: _____

Date: _____

Direct Debit Client Service Agreement – The Spastic Centre

We will draw from your account and frequency specified on your direct debit request form. We will not change the amount or frequency of your donation arrangements without your prior approval. You may request to change the amount of the donation and/or frequency of your donations by contacting us in writing at least ten business days prior to the next payment date. You may terminate your donation arrangements at any time by giving written notice to us. Such notice should be received by us at least fourteen working days prior to the next payment date and can also be made through your own financial institution. Where the due date falls on a non-business day, we will draw the amount on the next business day. We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential. It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a donation on its due date. It is also your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based. When you consider that a drawing has been initiated incorrectly, you may take the matter up directly with us or lodge a claim through your own financial institution.

Mail this form to:
The Spastic Centre
PO Box 184,
Brookvale NSW 2100

