



FUNDRAISING PAYMENT FORM

Please send this form together with a cheque or money order for the funds raised to:

Big Day Back
Spinal Cord Injuries Australia
PO Box 397
Matraville
NSW 2036

Depositor's information:

Name: _____

Name of school or organisation (if applicable): _____

Address: _____

Amount raised: _____

You will receive a receipt within 14 days of desposit.

