

SPONSORSHIP FORM						
Participant's Name:	I am supporting: NAME person with PWS	rson with PWS				
Address:	Phone:	Mobile:	Email:			

·PRADER-WILLI SYNDROME·

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- Step 1: Ask your sponsors to print clearly in BLOCK letters their details below. Should you have more sponsors copy this page. Step 2: Collect the money Pledged or Donations within 7 days of event.
- Step 3: Make Payment by Cheque to Prader-Willi Syndrome Association of Victoria or by Direct Credit please include YOUR NAME and CODE 1000. Payment to: BSB 083 376 Account 51 882 4282.
- Step 4: Please send your completed sponsorship form and funds raised to 1000 Steps for PWS, Prader-Willi Syndrome Association of Victoria, P.O Box 92, KEW, Victoria 3101 or email to info@pws.asn.au
 For any queries please call us on 03)9889-7924. Tax deductible receipts can be issued for donations over \$2.

Please Print Clearly in BLOCK LETTER

Sponsor Name	Address	Contact Phone No.	Email	Pledge (\$) Per step	Donations (\$)	Received (\$)	Receipt Reqd Y/N