

# 10-40 600 Registration



I would like to become a supporter of the AEIOU Foundation's 10:40:600 Program

## Contact Details

Title  First Name  Surname

Position

Organisation

Preferred Name

*(Please indicate the preferred 10:40:600 supporter's name for use on honour board and certificates of appreciation – can be an individual or company name).*

Street Address

Suburb  State  Postcode

Postal Address

Suburb  State  Postcode

Phone (work)  Mobile

Fax  Email

## 10-40 600 Commitment

Please indicate your desired level of support for the AEIOU Foundation through the 10:40:600 program.

On behalf of  I/we would like to commit to  (indicate number) \$10,000 sponsorships per year for a period of  (indicate number of years you wish this agreement to continue – minimum of one year).

*The AEIOU Foundation commits to providing the benefits as outlined in the 10:40:600 information brochure. Any changes to these benefits will only occur after consultation and agreement with existing supporters of the 10:40:600 program.*

## Payment Details

Please indicate preferred method of payment. If committing to more than one year with the 10:40:600 program, payment is only required for the first year. You will be invoiced by the AEIOU Foundation for future years on the anniversary of this agreement.

Enclosed is a cheque made payable to the AEIOU Foundation; **or**

I would like an invoice for this payment sent to the contact address over the page (*please note that all invoices are payable to the AEIOU Foundation within 30 days*); **or**

I will arrange for a direct debit into the AEIOU Foundation bank account (*please note your company name followed by 10:40:600 as a reference*);

AEIOU Foundation

ANZ

BSB 014240

Acc. No. 180920954

**or** please debit my credit card:  Mastercard  Visa

Credit Card No:  Expiry Date:  /

Cardholder's Name: \_\_\_\_\_

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

**All donations to the AEIOU Foundation through the 10:40:600 program are tax-deductible.  
Upon payment, a receipt will be provided.**

## Declaration

I declare that I am authorised to submit this registration on behalf of the organisation. The information provided in this application is accurate and I will notify the AEIOU Foundation of any changes to the contact details within 7 days.

Authorised signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date:        /        / \_\_\_\_\_

AEIOU Foundation Authorised Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date:        /        / \_\_\_\_\_

### Completed forms can be forwarded to:

1. Sponsorship Relations Manager  
AEIOU Foundation  
PO Box 263  
Fortitude Valley Q 4006
2. Scan and email to 1040600@aeiou.org.au
3. Fax to 07 3852 4244

For queries or more information, contact the Sponsorship Relations Manager on **07 3852 1700** or **0400 334 709**



**aeiou**  
FOUNDATION  
for children with autism