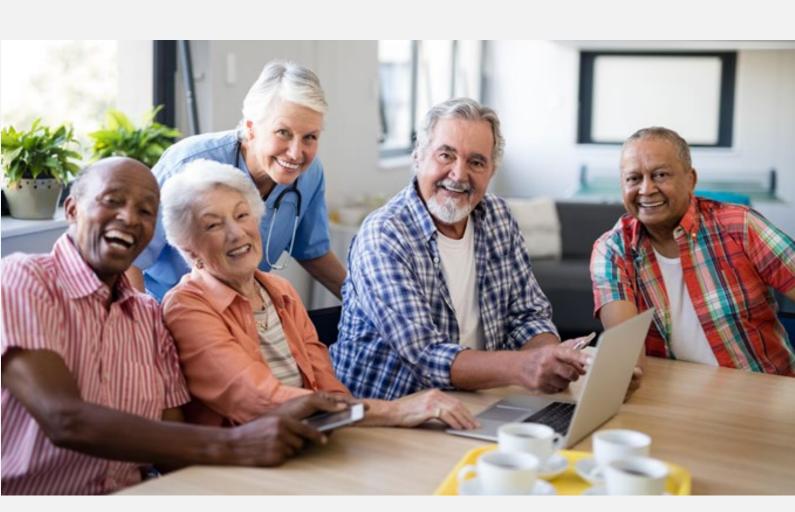


Supporters Program 2023

Council on the Ageing Western Australia Inc.



COTA (WA) Supporter			
We wish to become a Supporter of Council on the Ageing Western Australia Inc.			
Name of Organisation:			
Postal Address:			
Contact Number:	ABN:		
Email:	Signature:		
Supporter Delegate			
The following person has been appointed as the Delegate for the ensuing year.			
Name:	Position:		
Contact Number:	Email:		
*The COTA (WA) eNewsletter will be sent to the Delegate's email address given above.			
Supporter Contribution			
You will be invited to renew your support on an Annual Basis: January to December Pro-rata.			
Supporter Contribution (exclusive of GST)	\$1,500 per annum		
For organisation less than 1 million turnover	\$ 500 per	\$ 500 per annum	
I would like to know more about sponsorship opportunitie	es: Yes N	lo	
*Complete this form and email to dana@cotawa.org.au			
How to Pay			
By Credit Card	Ву	EFT	
To pay via MasterCard or VISA	Account Details	COTA WA	
Card Number	Bank	Bankwest	
Expiry Date/	BSB	306 061	
Card Holder's Name (please print)	Account Number	0170 346	
	Ref Org Name		

Date:

^{*} Tax Invoice will be sent upon receipt of payment.