

Sponsorship Application Form

Company/ Organisation name: _____ Date: _____

Company/ Organisation contact person: _____ Title: _____

Mailing address: _____ City: _____ State: _____ ZIP: _____

Phone number: _____ Email Address: _____

LEVEL OF SPONSORSHIP

Sponsorship: _____
(Gold/ silver/ bronze/ copper)

PAYMENT

Cardholder Name: _____

Card Number: _____ (Visa / MasterCard) Expiry Date: _____

Card Verification Number: _____

Payment Amount (AUD): _____

ABN: _____

MERCHANT DETAILS

Merchant Name: NUAA
NSW USERS AND
AIDS ASSOCIATION

Address: Level 5, 414 Elizabeth St
SURRY HILLS NSW 2010
P.O.Box 350 STRAWBERRY HILLS NSW 2010

Email Address: melaniej@nuaa.org.au

Phone: 0497 172 695

