

## Sponsorship Acceptance Form WAOTA Awards Night 2025 The University Club of Western Australia Saturday 10<sup>th</sup> May 2025

Company Name	
Contact Person	
Address	
Phone Number	
Email	

Please indicate the sponsorship amount your company has selected in the section below.

]	

\$2,000 (Minimum Amount)

Other Amount \_\_\_\_\_

Please return this form via email: info@waota.com.au

## **Payment options**

□ Bank Deposit – Details will be provided after submission and approval of form

□ Tax invoice using company details above

□ Pay via credit card (Visa or Mastercard only)

Cardholder Name	
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Card Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Card Expiry Date \_ \_ / \_ \_ CVC \_ \_ \_

Signature \_\_\_\_\_

A Tax Invoice/Receipt will be issued upon payment The Management of the WA Occupational Therapy Association sincerely appreciate your generous sponsorship and support.