



Hope for Children

www.hopeforchildren.org.au

Donation form

Please complete the details below and return this form, together with your payment to:
Hope for Children, PO Box 919, Claremont WA 6910. We will issue you with a tax deductible receipt.

Donor details (please print)

Donor(s) name(s): _____

Mailing address: _____

Telephone: Home (____) _____ Mobile: _____

Email: _____

Donation

Donation of \$ _____ for:

- | | |
|---|---|
| <input type="checkbox"/> General donation | <input type="checkbox"/> Legal Project |
| <input type="checkbox"/> Let's Talk About Sex program | <input type="checkbox"/> Christmas Party fund |
| <input type="checkbox"/> Microfinance program | <input type="checkbox"/> School of St. Yared |
| <input type="checkbox"/> Vocational Training program | <input type="checkbox"/> Youth Centre |

Payment options

I have enclosed a cheque (**made payable to Hope for Children**)

Please debit my: Master Card Visa Card

Card number: - - -

Expiry: / CVV*: Amount: \$ _____ Date: _____

(*final three digits of the verification number printed on the signature strip on the back of your card)

Name on card: _____ Signature: _____

Name on tax receipt, if different from Donor Name above: _____

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www.hopeforchildren.org.au