



Hope for  
Children

www.hopeforchildren.org.au

# Sponsorship Payment 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.

## Sponsor details (please print)

Sponsor(s) name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Sponsored child(ren)'s details (if known)

Name (s): \_\_\_\_\_ HFC No(s): \_\_\_\_\_

## Sponsorship amount

**\$400 pa** for each sponsored child to provide food, shelter and education  
(Children require sponsorship up to the age of 18 years, however consent for continuing your sponsorship is sought each year)

## 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 Sponsor Name above: \_\_\_\_\_