

www.hopeforchildren.org.au

HFC General Donation Form

Please complete the details below and return this form, together with your payment to: **Hope for Children**, **PO Box 3155**, **Broadway Nedlands WA 6009**. We will issue you with a tax deductible receipt.

Donor name (please	print)	
Sponsor(s) name(s)	:	
Mailing address:		
Telephone: Home (Mobile:
Email:		
OPTION ONE: Gene	eral Donation to HFC	
Once off genero	al donations \$	Monthly Donation Amount \$
OPTION TWO: Com	munity Program (plea:	se tick)
Youth Enrichme	ent Centre	Anti- Human Trafficking Program
☐ Integrated Cor	mmunity Health	Our Vocational Training Restaurant
☐ Community Sa	vings and Loans	
Donation amount (p	please specify the amoun	t you would like to donate)
Payment options		
I have enclosed	a cheque (made p o	ayable to Hope for Children Australia).
☐ I have paid thro	ugh the Hope for Ch	ildren Australia Website at www.hopeforchildren.org.au
I have paid dire	ctly by Electronic Fur	nds Transfer to the Hope for Children Australia bank account :
Account name	Hope for Childrer 086 006	
Account #	1984 238 76	
Name on tax recei	pt, if different from D	onors Name above:

Donations over \$2 are tax deductible