



Fund For Mahalir Illam

ABN – 47 467 887 194

Sponsor Program

Web - <http://www.mahalirillam.org/>

“CARING FOR MAHALIR IN NEED”

CONTACT DETAILS

1. Title Mr / Mrs / Ms / Miss / Other (please specify) _____

2. Surname _____

3. Given name/s _____

4. ADDRESS

This is your preferred mailing address. Please note that all correspondence will be sent to email address.

City / Town _____ State _____ Postcode _____

5. Telephone () _____ Mobile _____ Email: _____

6. SPONSORSHIP DONATION

Please select your choice of membership and frequency of payment by circling the frequency of payment.

Sponsorship Type	Frequency of Payment
1) Child Sponsor donation (A\$40/month/child) 2) Monthly donation – A\$ (for projects) 3) Ad- Hoc donation/monthly /annually	Monthly, Quarterly, Bi Annually, Annually

DATE:

SIGNATURE:.....

Once you have sent the form to the Secretary (admin@mahalirillam.org), please proceed to the Bank/Payee office, and complete a Standing Order Form provided by the Bank/payee office and insert the following details to authorise payment to 'Fund for Mahalir Illam':

Bank Instruction:

a) Donation amount stated as per Item 6: A\$.....

b) Frequency of payment - year / bi annually/ quarterly / monthly, starting on / / 2015

c) Period for payment: 2015 to

d) Bank details Commonwealth Bank (Hay Market) BSB: 06 2006; A/c No:011033596.

Account name: "Fund for Mahalir Illam"

e) Please quote your Name and Purpose in the standing order form

When you have completed a Standing Order Form with the Bank/payee office, kindly advise Secretary via email (admin@mahalirillam.org), for follow up purposes and to issue receipt to you for accounting purposes. Please note that the amount you have authorized, once debited cannot be reversed.

For official use only:

No:

Child Allocated:

Reference No:

Introduced by: