

# BECOME THE SPONSOR OF A DISADVANTAGED AUSTRALIAN CHILD



everyone's family  
ABN 28 000 030 179

## Learning for Life

Please complete and return this form to:  
OR call 1800 633 622

Reply Paid 10500  
The Smith Family Learning for Life  
GPO Box 10500, Sydney NSW 2001

Name and Contact Details

Mr/Mrs/Ms/Dr/Other \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Company Name\* \_\_\_\_\_ Position\* \_\_\_\_\_

Address for Correspondence \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact phone. *Please indicate:* Home/Work/Mobile \_\_\_\_\_

Email\* \_\_\_\_\_ Smith Family Supporter ID (if you have one)\* \_\_\_\_\_

Please make my tax deductible receipt(s) out in  My name  The company name \*Optional

Contribution

**Please indicate the number of children you'd like to sponsor in the payment section below:**

**(Number of students) Monthly**

School \_\_\_\_\_ students @  \$55 per student

I authorise regular deductions from my credit card or bank account until further notice

↳ Please complete either Option 1 (credit card) or Option 2 (bank account) below

**OR**

**I would like to make a monthly donation to the *Learning for Life* program of \$ \_\_\_\_\_**

I authorise a single deduction from my credit card

↳ Please complete either Option 1 (credit card) or Option 2 (bank account) below

**OR**

**I would like to make a one-off donation to the *Learning for Life* program of \$ \_\_\_\_\_**

I authorise a single deduction from my credit card

### Option 1 – Credit Card

Credit Card

For sponsorship payments or other regular donations, I authorise periodic deductions from this account according to the Payment Schedule above until further notice.

Bankcard  Visa  MasterCard  Diners Club  American Express

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

*For security reasons please do not email your credit card details to us. Please call the Supporter Care team on **1800 633 622** to action over the phone, or complete this form and send back to: **The Smith Family, Reply Paid 10500, SYDNEY NSW 2001***

### Option 2 – Direct Debit Request (DDR) From Your Bank Account

Direct Debit

I/We request **The Smith Family** (user ID 131114) to debit my/our nominated account at the financial institution shown below according to the Payment Schedule above. I/We understand the first debit under this Direct Debit arrangement will occur between the first and tenth business day of the month after we receive your request. From then on, The Smith Family will debit your nominated account on the first business day of the month that the instalment is due.

Account Name/s \_\_\_\_\_

Name and Branch of Financial Institution \_\_\_\_\_

\_\_\_\_\_

BSB Number \_\_\_\_\_ Account Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Direct Debiting is not available on a full range of accounts. If in doubt, please contact your financial institution.