BECOME THE SPONSOR OF A DISADVANTAGED AUSTRALIAN CHILD

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

The Smith Family
everyone's family
ABN 28 000 030 179

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 @	☐ $52 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 <u>monthly donation</u> 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 <u>one-off donation</u> to the *Learning for Life* program of $ _____

☐ I authorise a single deduction from my credit card

Credit Card

Option 1 – 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**

Direct Debit

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

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.*