

THE SMITH FAMILY SPONSORSHIP & DONATION FORM



everyone's family
ABN 28 000 030 179

Please return this completed form via:

Post: The Smith Family
GPO Box 10500
Sydney NSW 2001

Email: supportercare@thesmithfamily.com.au

or you can call our Supporter Care Team on **1800 024 069**

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

Sponsorship

Please indicate the number of children you'd like to sponsor on the Payment Schedule below:

School _____ students @ Yearly \$576 per student OR Monthly \$48 per student

Please find my cheque attached (for yearly payments only) OR

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 monthly 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 one-off donation to the *Learning for Life* program of \$ _____

I authorise a single deduction from my credit card OR Please find my cheque enclosed

Donation

Credit Card

Option 1 - Credit Card

For sponsorship payments and monthly 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 _____

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.