THE SMITH FAMILY SPONSORSHIP & DONATION FORM

Please return this completed form via:

Sydney NSW 2001

Post: The Smith Family GPO Box 10500

Email: tsfmktg@thesmithfamily.com.au

or you can call our Supporter Care Team on 1800 633 622



everyone's family ABN 28 000 030 179

ā	Mr/Mrs/Ms/Dr/OtherF	irst Name	Surname _		
E C	Company Name*		Position*		
tact	Address for Correspondence				
Sont					
			State		Postcode
e a	Contact phone. Please indicate				
Nan	· ·				ve one)*
	Email* Smith Family Supporter ID (if you have one)* Please make my tax deductible receipt(s) out in				
	Thouse make my tax doddensie			mpany namo	Optional
릵	Please indicate the number	of children vou'd l	ike to sponsor on the Pa	avment Sche	dule below:
ponsorsnıp	(Numbe	er of students)	Yearly	Mont	
ous	School	students @	\$516 per student		\$43 per student
Š	Please find my cheque	attached (for yearly p	ayments only) OR	_	·
I authorise regular deductions from my credit card or bank account until further notice					
6	Please complete either	r Option 1 (credit card)	or Option 2 (bank account)	below.	
	OR				
<u>0</u>	I would like to make a monthly donation to the Learning for Life program of \$				
Donation	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.				
إدّ	OR				
	I would like to make a <u>one-</u>	off donation to the	<i>Learning for Life</i> progra	m of \$	
	I authorise a single ded	duction from my credit of	card OR Please find n	ny cheque encl	osed
	Option 1 - Credit Card				
ard	For sponsorship payments and monthly donations, I authorise periodic deductions from this account according to the				
9	Payment Schedule above until further notice.				
redit	Bankcard Visa MasterCard Diners Club American Express				
٦	Card Number Expiry Date Expiry Date				
	Name on Card Signature				
	' Option 2 - Direct Debit Requ	iest (DDR) From Vo	ur Bank Account		
<u>=</u>	I/We request The Smith Family	, ,		nt at the financ	ial institution shown
ect Debr	below according to the Payment Schedule above. I/We understand the first debit under this Direct Debit arrangement will				
e S	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.				
5	Account Name/s_				
	Name and Branch of Financial Institution				
	BSB Number	Account	Number		Note: Direct Debiting is
	Signature		Date		not available on a full range of accounts. If in
	-				doubt, please contact
	Signature		Date		your financial institution.