



World Families
Australia Inc.

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ABN: 33 361 460 443

39 Jacobsen Cres., Holden Hill, South Australia 5088
PO Box 11, Hope Valley, South Australia 5090

APPLICATION TO SPONSOR A CHILD/PROJECT

Applicant 1.

Title: Mr / Mrs / Ms / Miss Surname _____

First Names _____

Applicant 2.

Title: Mr / Mrs / Ms / Miss Surname _____

First Names _____

Postal Address: _____

_____ Post Code _____

Telephone: Home () _____ Work () _____ Mob: _____

Fax: () _____ Email: _____

Payments of \$.00 per month / quarter (please circle) will be made by me / us on receipt of the invoice for payment by 1st March, June, September and December.

Payment Method: Direct Debit Cheque Postal Order Electronic Funds Transfer (please circle)

(If you prefer direct debit please complete the enclosed Direct Debit form.)

Date _____ Signature. (App. 1) _____

Date _____ Signature. (App. 2) _____

(one or both applicants to sign if spouse) (Both to sign if sharing sponsorship payment)

FOR OFFICE USE ONLY

Sponsorship Officer to fill in details:

Name of Child/Project _____

Project/Child No _____

Date of Birth: _____ M/F _____

Details forwarded to sponsor _____

Copy to Sponsorship Co-ordinator (date) _____

Code _____

Sponsorship Co-ordinator to fill in details:

Sponsors Number: _____

Sponsor's details placed on mailing list: Y/N

Sponsorship Officer _____

Invoices: March-June-Sept-Dec Year _____

Details received _____