



# Application sponsorship donation

## My Details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ ZIP-P/C \_\_\_\_\_

Tel. \_\_\_\_\_ Mob./Cell \_\_\_\_\_

Email \_\_\_\_\_

- I'd like to receive the Robin's Nest newsletter.
- I'd like to be a Robin's Nest prayer partner.
- I'd like to be a Robin's Nest advocate.

## My Gift

1 Here's my single donation of  
Amount \_\_\_\_\_ Currency \_\_\_\_\_

2 I pledge a monthly sponsorship of  
 AUD\$35  AUD\$65

3 Robin's Nest Builder (professional or volunteer services)  
Describe \_\_\_\_\_  
How often? \_\_\_\_\_

## Allocation

I'd like my donation/sponsorship to go to:

- Where most needed within RNCH
- RNCH Kenya
- RNCH India
- House parent
- Building an orphanage
- Other \_\_\_\_\_

## Correspondence

- I'd like to correspond with a child.  
*If checked, we'll contact you about choosing a child to correspond with.*



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## Important information about donations

To minimise bank fees reducing your gift, please make all donations in Australian dollars.

International Money Orders or Bank Cheques made out in Australian dollars from international residents payable to: 'ICARE Overseas Aid Fund' and marked on the back 'For Robin's Nest Childrens Homes'. Post to address below along with this completed form.

Return address and name must accompany every cheque payment. Gifts cannot be processed without this information.

A tax deductible receipt will be sent to you from ICARE.

### Direct Debit - Credit or Debit Card

I authorise ICARE to debit my card as stated overleaf.

Mastercard VISA AMEX Bankcard Diners

Card Number

□□□□-□□□□-□□□□-□□□□

Name on card \_\_\_\_\_

Expiry date \_\_\_\_\_

Card holder's signature \_\_\_\_\_

## RETURN THIS FORM TO:

**ICARE**

**(For Robin's Nest Childrens Homes)**

**45 Stanley Street**

**BANKSTOWN**

**SYDNEY NSW**

**AUSTRALIA 2200**

*Thank you for caring!*

[www.robinsnestchildrenshomes.com](http://www.robinsnestchildrenshomes.com)

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