

# OrphanAid Sponsorship Form



## SECTION A

Personal Details – it's all about you

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION B

Please tick the appropriate boxes

Indonesia		Occupied Palestinian Territories	
Basics – Level 1	\$50 per month	Basics – Level 1	\$100 per month
Plus Immunization – Level 2	\$150 per month	Plus Immunization – Level 2	\$200 per month
Plus Water – Level 3	\$250 per month	Plus Water – Level 3	\$400 per month
I would like to make my contributions using the frequency option I have nominated below:		I would like to make my contributions using the frequency option I have nominated below:	
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly

## SECTION C

Payment Options – it's what's easiest for you

Cash       Cheque       Direct Deposit

**OR**

I authorise Muslim Aid Australia to deduct my contributions from my credit card as specified below:

Visa       MasterCard       Amex       Diners

Cardholder Name: \_\_\_\_\_

Card No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_