skip a treat
save the children

DONATION FORM

Save the Children

CONTACT DETAILS

Contact Name _____

Name of School/Company (if applicable) _____

Postal Address _____

Suburb _____ State _____ P/Code _____

Phone (Daytime) _____ Mobile _____

Email Address _____

WEB

DONATION DETAILS

How did you find out about the Skip-a-Treat Campaign? _____

Is there anything you (or the company/school) are specifically "skipping"? _____

Donation Amount $ _____

DONATION METHOD:

☐ **Option 1: Cheque/Money Order** (made payable to Save the Children)

☐ **Option 2: Credit Card** (complete below)

Please debit my credit card: Visa / Bankcard / MasterCard / AMEX

Card Holder Name _____

Card Number | | | | | | | | | | | | | | | | |

Signature _____ Expiry Date _____

All donations $2 and over are fully tax deductible

Mail your Skip a Treat Donation Form to the following address:
Save the Children Australia
PO Box 9912, In Your Capital City

Alternatively, Telephone or Fax your donation to your local Save the Children office:

NSW	QLD & NT	VIC & TAS	SOUTH AUST.	WESTERN AUST.
Ph: (02) 9211 8800	Ph: (07) 3844 2699	Ph: (03) 9882 5211	Ph: (08) 8338 1777	Ph: (08) 9440 6411
Fax: (02) 9211 8866	Fax: (07) 3844 3699	Fax: (03) 9882 5411	Fax: (08) 8338 3024	Fax: (08) 9440 6311