



DONATION FORM



CONTACT DETAILS

Contact Name _____

Name of School/Company (if applicable) _____

Postal Address _____

Suburb _____ State _____ P/Code _____

Phone (Daytime) _____ Mobile _____

Email Address _____

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 / MasterCard / AMEX

Card Holder Name _____

Card Number

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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 Ph: (02) 9211 8800 Fax: (02) 9211 8866	QLD & NT Ph: (07) 3844 2699 Fax: (07) 3844 3699	VIC & TAS Ph: (03) 9882 5211 Fax: (03) 9882 5411	SOUTH AUST. Ph: (08) 8338 1777 Fax: (08) 8338 3024	WESTERN AUST. Ph: (08) 9328 3111 Fax: (08) 9328 3155
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