

Mail-in Donation Form

I/We want to support the Childrens Charity Network!

Enclosed is a contribution of;

\$150 \$100 \$50 \$_____ (other amount)

Name: _____

Address: _____ Suburb: _____

State: _____ Postcode: _____ Phone: _____

Email: _____

My employer will match my donation.

I'd like to make this donation in honor of someone; _____

Please send a notification letter to;

Name: _____ Relationship to honoree: _____

Address: _____ Suburb: _____

State: _____ Postcode: _____

I have enclosed a cheque made out to Childrens Charity Network

Please bill my Visa/MasterCard (circle one)

Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

**Please mail this completed form with your contribution to
Childrens Charity Network, P.O. Box 267, Lara, Vic 3212**