



World Families Australia Inc.
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Application Form to Sponsor a Project

Project: (Please tick the project you are wishing to sponsor from the 3 options below.)

- Testimony Care and Development
 Neema Care and Development
 Testimony and Neema Care and Development

Applicant 1

Title: Mr/Mrs/Ms/Miss Surname: _____
First Name: _____

Applicant 2

Title: Mr/Mrs/Ms/Miss Surname: _____
First Name: _____

Postal Address: _____
_____ Post code: _____

Contact Phone Number: _____

Contact Email Address: _____

Direct Debit Payments of \$ _____ per month / quarter / year will be made by me / us as specified on the attached Direct Debit Request form. An invoice & receipt for Direct Debit payments will be sent annually to sponsors for tax purposes. If you wish to make payments by cheque or postal order, please indicate below and additional information about these payment processes will be sent to you. WFA does not accept credit card payments.

I wish to make payments by cheque or postal order. Please send me additional information.

Applicant 1 Signature: _____ Date: _____

Applicant 2 Signature: _____ Date: _____

(One or both applicants to sign if spouse. Both to sign if sharing sponsorship payment.)

Office Use Only (Sponsorship Officer to fill in Details)

Name of Project: _____ Sponsorship Officer: _____

Sponsors Number: _____ Invoices: _____

Sponsor's Details on Mailing List: Y/N Details Received: _____