

**Thank you for your kind consideration of supporting
Helping Children Smile Inc.**

Mr | Mrs | Miss: _____

Business Name (if applicable): _____

Address: _____

Postcode: _____

Telephone No: _____

Fax No: _____

Email: _____

I would like to make a tax deductible donation (please tick box):

☐ Cash Donation

I give authority for my credit card to be

debited by \$ _____

Card type: ☐ Visa ☐ Mcard ☐ Amex

Credit Card No: _____/_____/_____/_____

Expiry Date: ____/____

Card Type:

Signature: _____

Cardholder Name: _____

Authorising

signature: _____

The best way to contact me is by (please tick):

☐ Mail ☐ Phone ☐ Fax ☐ E-mail

Please print and mail this form to:

The Secretary
Helping Children Smile Inc.
100 Maleny-Kenilworth Road
MALENY Q 4556 Australia

Thank you very much for your support.



How your donations can help:

\$A21.00 per month

*can pay for
a child's
operation
after a year*



\$A250.00

can sponsor a child's operation

