

**Timor Children's Foundation
Donation Form**

Name: _____

Postal Address: _____

_____ P'code: _____

Telephone: _____

Please send information by email Yes No

(If yes) Email: _____

I wish to make a donation of \$ _____

Towards:

Scholarships Program
(Donations over \$2 are tax deductible)

OR

St Mary's Children's Home
(These are non-tax-deductible donations)

Payment Method:

Cash Cheque (to "Timor Children's Foundation")

Credit Card (please complete details below)

Visa Mastercard Expiry date: ____ / ____

Card Number: _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _

Name on the card: _____

Signature: _____



PO Box 363, Moorooka QLD 4105

More Information Ph: 07 3892 2976

Donations Ph: 07 3851 2192

www.timorchildren.org

**I do not wish to receive further
information from TCF.**

PRIVACY STATEMENT:

Your information is for our use only
and will not be shared with or sold to anyone.

ABN: 98 644 787 314