



Giving the Gift of Hope without want

DONATION COUPON

Name (Mr/Mrs/Ms/Dr): _____

Address: _____

_____ Postcode _____

Tel: _____

Email: _____

D.O.B: _____

OPTION 1: I will make a single gift of:

\$25 \$50 \$100 Other \$ _____

OPTION 2: I will make a gift every month:

I will make a monthly gift of \$ _____
(minimum \$25 per month)

I will make my gift by:

- Cheque Money order MasterCard
- Visa AMEX

Cheques made payable to VN Smiles
Organisation Ltd

Card No.

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Cardholder's name: _____

Signature: _____

Expiry date: _/____

All donations \$2.00 and over are tax deductible.

- Please send me any future VN Smiles emails
- Please remove me from your mailing list

Return to: 1B/34 Koondoola Ave, Koondoola WA 6064
www.vnsmiles.com.au info@vnsmiles.com.au fax: 02 8376 6227