



emmanuel mission outreach

PO Box 126 Paddington
Email: impact@emmanuelcommunity.com.au
Web: www.impactuganda.org.au
Ph: 07 3217 5199

Impact is a mission outreach of Emmanuel Community, a Catholic Community within the Archdiocese of Brisbane

Child Sponsorship Application Form

YES, I want to sponsor a child in the Impact programme because I believe **EVERY** child deserves an education

Name:

Address:

City: **State:** **Postcode:**

E-mail: **Phone:**

Sponsorship amount: *Please circle amount*

Primary: \$30/month (\$360/annum) or Other \$ / mth or One Off Donation \$

Secondary: \$60/month (\$720/annum) or Other \$ / mth or One Off Donation \$

Signature: **Date:**

Payment Method: *(please tick relevant box)*

Cheque - *please make out to Impact Emmanuel Outreach*

Direct Debit - Please arrange periodical payments from my account. *(A Form will be sent out to you)*

EFT Direct Deposit into the Impact Account

BSB: 064-786 Account Number: 514270106 Reference with 'UCS' & your Name

Credit Card - *Your Statement will show 'Emmanuel Community'*

VISA

MASTERCARD

Account Number: _____ | _____ | _____ | _____ Exp: ____ / ____

Cardholder's Name: _____ Signature: _____

SPECIAL REQUESTS FOR SPONSORSHIP

Please send this form to the address above

Please indicate below if you have a gender and / or age range preference. We will do our best but because of changing circumstances we cannot guarantee to meet your request.

I have no preference. Please match me with the child most in need.

I prefer to sponsor a child who is Male / Female **and in** Primary / Secondary school *(please circle)*

I would like to sponsor (Child Name): *(as selected from available list)*

Office Use Only:

Date Received: ____ / ____ / ____ Sponsorship Amount: \$Mth / Yr Payment Method:

Name of child Age: Class:

Sponsorship Start Date: ____ / ____ / ____ Date Welcome Letter Sent ____ / ____ / ____

making a difference - one child... one school... one community... at a time