

Donation Form



Please print and complete this form and return it to:

Hear For You
PO Box 122
Northbridge NSW 1560

I wish to make a donation to Hear For You Limited of \$ _____ to be used for general purposes and I attach a cheque for this amount.

Details

Title: ____ First Name: _____ Last Name: _____

Street Address: _____

City / Suburb: _____ State: _____ Postcode: _____

Day Phone: () _____ Work Phone: () _____

Mobile: _____ Email: _____

How would you like to be contacted? Email Post Phone Other _____

How were you made aware of *Hear For You*? _____

Please note: A receipt will be sent to enable the donor to claim a tax deduction.

Hear For You wishes to thank you for your generosity and support for deaf and hearing impaired adolescents at a vitally important stage of their lives.

Best wishes,

Hear For You Limited
ABN 26 131 365 298