



International Childrens Aid

HOW CAN I HELP?

Please send me my sponsor child's photo and report.

Home Selection: Rambukkana, Peter Weerasekera Home

Choice of sex and age group: Male or Female, Age of child: _____

Here is my first payment of

- | | |
|--|---------|
| <input type="checkbox"/> \$30 for one month | \$_____ |
| <input type="checkbox"/> \$90 for three months | \$_____ |
| <input type="checkbox"/> \$180 for six months | \$_____ |
| <input type="checkbox"/> \$360 for 12 months | \$_____ |
| <input type="checkbox"/> I would also like to make a donation to ICA | \$_____ |

TOTAL \$_____

Name: _____

Address: _____

Phone: _____

Method of Payment

Cheque Bankcard Mastercard Visa Debit Card

Credit Card Number _____ Expiry Date: _____

I authorise ICA to deduct regular payments from my credit card as shown until further notice.

Signature _____

Gifts \$2 and over are tax deductible

Send to: International Children's Aid, PO Box 778, Chatswood NSW 2057 Australia
Or email to cdsammut@gmail.com

www.internationalchildrensaid.org

ACN 003 366 470 CC 23164