



Giving a chance. Making a difference.

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8 HOURS FOR HOPE
DONATION FORM

Title (Please circle): Mr, Mrs, Ms, Miss or Other.....

Surname Firstname:

Telephone:..... Mobile:

Email:

Postal Address:
.....
.....

I would like to donate from my income on the 12th Dec 2005(Please circle):

25% 50% 75% 100% Other amount \$.....

Cheque/Money Order to be made payable to 'Hands For Hope Inc.' and forward to:

Hands For Hope
PO Box 809
Sunshine MDC VIC 3020

H4H would like to sincerely thank you for your support. All the donated monies will be spent on H4H's educational projects or short term medical projects. To find out more about our projects, please visit our website at www.handsforhope.org.au. Upon receipt of your donation, H4H will issue a receipt and acknowledgement letter to you.

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