



educate, care & grow.

# KATOKE

SECONDARY SCHOOL PROJECT

[www.katoke.com.au](http://www.katoke.com.au)

Katoke Secondary School Project ABN 51 742 721 573

## SPONSOR A STUDENT

Mr/Mrs/Miss/Dr \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### FORM OF PAYMENT: PLEASE TICK

Cheque    Mastercard    Visa

Card Holder Name: \_\_\_\_\_

Card Number: | | | | | | | | | | | | | | | | | | | | | |

Expiry date: | | | | | | | | | | | | | | | | | | | | | |  
MONTH YEAR

Total Payment \$: \_\_\_\_\_

Signature: \_\_\_\_\_

Confirmation will be sent to the contact person.

**If you select a Card Option for payment I understand that I will have \$42.00 deducted each month for a period of:**

12 Months (Total \$480.00)    24 Months (Total \$960.00)

OR  One off donation – I would like to contribute with a once-off donation of \$ \_\_\_\_\_

### SPONSORSHIP PROGRAM:

Your \$42.00 per month will cover the following:

Education • Boarding • Set Meals • Educational Supplies • Annual Medical Check-up

**Please return to:**

**Katoke Sponsorship: PO Box 895, GYMEA NSW 2227**

**Email: [sponsor@katoketrust.com](mailto:sponsor@katoketrust.com)**

**Fax: 02 9540 2172**

OFFICE USE ONLY: Invoice #:

Inv Amount: \$

Paid by:

Date Each Mth: