



The DOT
Charitable Foundation

Monthly Donation Program

Sponsor Name.....

Your monthly sponsorship will save a sick child's life!

Monthly donation Rs. 3,000.00 (\$ 1.00 per day)

Ref.....

Child Name.....

Age.....

Diagnosis.....

Parents Contact.....

Home Town.....

Hospital.....

Physician/Specialist.....

Donation start date.....

Payment details.....



- Your monthly donation will help to provide unprivileged sick children in need with life essentials such as medical need, food, transportation, etc.
- We will issue a receipt for your donation every 3 months
- We select the recipients in collaborate with doctors and other healthcare professionals at various hospitals. With their background and face to face interactions with the patients they help us to select the most deserved
- We respect the privacy of the sick children and their families. Personal details, photos and medical information is treated confidentially and will not passed on to third parties

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CFN/20997

Thank you for your generosity!