

Donation and Membership Form

ABN 41 496 913 890

Bravehearts Inc is Australia's leading child protection advocacy group and the nation's only charity specifically dedicated to combating child sexual assault in Australia. Bravehearts work sets out to educate, empower and protect Australia's children through specialist therapy, support education, research and legislative reform.

Our Mission is to stop child sexual assault in our society. Our Vision is to make Australia the safest place in the world to raise a child. We can all make a contribution to improving child protection in Australia. If you believe in what we stand for and want to assist us in our aim to make Australia the safest place to raise a child, I would like to invite you to become a Member of Bravehearts for **only \$10** per annum.

As a Member you will add your voice to the issues Bravehearts fights for in protecting children. The more members we have the more power we have in lobbying the government for changes in legislation that does not put the child's best interest foremost. We will also keep you up-to-date on all Bravehearts events, fundraising activities, and general happenings via our tri-monthly newsletter.

By becoming a member, you will play a vital role in breaking the silence of this insidious crime and protect our most innocent and vulnerable members of society – our children !

PERSONAL INFORMATION

Name	<input type="text"/>	
Address	<input type="text"/>	
Suburb	<input type="text"/>	
State	<input type="text"/>	Postcode <input type="text"/>
Telephone	<input type="text"/>	
Email	<input type="text"/>	

PAYMENT INFORMATION

\$10.00 Membership Fee (Inc GST)

I also wish to make a tax deductible donation of \$

Total \$

I wish to make payments by:

- Cash (please do not send cash if mailing)
- Cheque (please make payable to Bravehearts Inc)
- Direct Deposit

Bank: ANZ Bank

Account Name: Bravehearts Inc. Gift Fund

BSB Number: 014-227

Account Number: 348465968

(Please include your surname as the reference)

- Credit Card

Credit Card Type

Visa

Mastercard

Credit Card Number

Card Holder Name

Expiry Date

CCV Number

Signature

Please send the completed form to Bravehearts at:
PO Box 575, Arundel BC, QLD 4214 or fax to 07 5552 3088

Thank you for your SUPPORT !