



Application Form

**Bolded fields indicate required fields that MUST be completed.
PLEASE PRINT CLEARLY. Allow 3 weeks for processing..**

Orphanage General Information	
Orphanage Name	<input style="width: 100%;" type="text"/>
Country	<input style="width: 100%;" type="text"/>
Street Address	<input style="width: 100%;" type="text"/>
City	<input style="width: 100%;" type="text"/>
State or Province	<input style="width: 100%;" type="text"/>
Postal Code (if applicable)	<input style="width: 100%;" type="text"/>
Total # of Orphans	<input style="width: 100%;" type="text"/>
Total # of Caretakers (adults) in the Orphanage	<input style="width: 100%;" type="text"/>
How long has the Orphanage been in operation?	<input style="width: 100%;" type="text"/>
Orphanage Director's Name	<input style="width: 100%;" type="text"/>
Director's Phone Number	<input style="width: 100%;" type="text"/>
Director's Email	<input style="width: 100%;" type="text"/> @
Does the Orphanage have the means/staffing available to ensure products get directly to the children daily?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please provide details about your daily care takers or staff.	<input style="width: 100%; height: 40px;" type="text"/>

Australasia Coordinator for the Orphanage	
Contact First Name	<input style="width: 100%;" type="text"/>
Contact Last Name	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>
City, State, Postcode, Country	<input style="width: 100%;" type="text"/>
Contact Day Phone	(_ _) _ _ - _ _ _ _
Evening/Alternate Phone	(_ _) _ _ - _ _ _ _
Contact E-Mail	<input style="width: 100%;" type="text"/> @
Contact Fax	(_ _) _ _ - _ _ _ _

Orphan Information

*Please list the number of children you have that are
"undernourished" and "critically ill" in each age category.*

Children Undernourished**Infants****Ages 1-8****Ages 9-18****Children Critically Ill****Infants****Ages 1-8****Ages 9-18****General Condition of the Children**

(Example: malnourished, # of
handicapped children, # critically
ill)

How many children have AIDS?

How many children have HIV?

How many children have TB?

How many children have malaria?

Can blood work be done on any
children?Do medical teams visit the
children?How often do individuals travel to
orphanage?

Shipping / Delivery Information to AU or NZ address only.

Endowment Australasia does NOT ship internationally – only to an address in AU or NZ.

Do you intend to hand carry the products to the orphanage? YES NO

How many individuals are traveling? _____ **Departure date of travel** _____

How much luggage space is available for products? _____ (example – ½ suitcase or 1 suitcase per person)

**Shipping Information
(AU or NZ address only)****Name****Phone****Address****City/State/Post Code****Email**

Adopt An Orphanage

50 malnourished children

Every child receives glyconutrients every day for 6 months.

Requested Donation of AUD\$1000 is attached. Y N

If you answered "no", what steps are being taken to raise funds for sponsorship?

Donation – Credit Card

Please note that Endowment Australasia is unable to issue donation receipts at this time.

Once the application is received we will contact you to advise how much funding is needed to support your specific project.

\$_____ Amount of Donation

(Towards total project funds)

INITIAL ONE-TIME AUD\$1,000

MONTHLY AUD\$ 175 (5th of each month)

Visa MasterCard

Credit Card Number

Credit Card Expiration Date

Cardholder Name

Cardholder Address,
City, State, Post Code

Cardholder Phone

Cardholder Email

Cardholder Signature

Donation – Cheque

Please note that Endowment Australasia is unable to issue donation receipts at this time.

\$_____ Amount of Donation

Send to address below.

SEND COMPLETED APPLICATION TO:

Endowment Australasia Inc. Attn: Blessing Program

PO Box 287 - Rosanna, VIC 3084

Phone: (03) 9381 0826 Fax: (03) 9381 0847

Email: blessing@endowmentaustralasia.org Website: www.endowmentaustralasia.org