

Dedicated to improving the lives of children throughout the world.



APPLICATION FOR FINANCIAL ASSISTANCE ORGANIZATION OR INSTITUTION

Completion of this form is essential for consideration of your appeal

1. NAME OF APPLICANT: _____

2. ADDRESS: _____

_____ HK / KLN / N.T.

3. TELEPHONE: _____ FAX: _____

MOBILE: _____ EMAIL: _____

4. CONTACT: _____ POSITION: _____

5. NUMBER OF CHILDREN CATERED FOR: _____

6. NUMBER OF CHILDREN WITH DISABILITY: _____

7. TYPE OF DISABILITY: _____

8. TYPE OF EQUIPMENT/ASSISTANCE REQUIRED: _____

9. AMOUNT REQUIRED \$ _____

10. ATTACH (3) CURRENT QUOTATIONS. IF NOT APPLICABLE, PLEASE ATTACH A DETAILED PROPOSED BUDGET.

11. ARE YOU ABLE TO MAKE ANY FINANCIAL CONTRIBUTION TOWARDS THE COST? IF SO, PLEASE PROVIDE DETAILS.

Variety the Children's Charity of Hong Kong – Tent 88

c/o Branded Asia
18/F Winsome House
73, Wyndham Street
Central, Hong Kong
fax: +852 3486 2509

www.varietyhk.org

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12. HAVE YOU APPROACHED ANY OTHER CHARITIES OR COMMUNITY CLUBS/GROUPS FOR FINANCIAL ASSISTANCE? (Please provide details)

13. HAVE YOU PREVIOUSLY RECEIVED ASSISTANCE FROM VARIETY? IF YES, PLEASE PROVIDE DETAILS (eg: date, nature of appeal, amount)

14. PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANISATION OR INSTITUTION.

15. IF YOUR APPEAL IS APPROVED, VARIETY MAY WISH TO PUBLICISE ITS WORK, IN CONJUNCTION WITH YOUR APPEAL, TO BOTH THE ELECTRONIC AND PRINT MEDIA.

We GIVE / DO NOT GIVE our consent for Variety to generate publicity should our appeal be successful.

Signature: _____ **Date:** _____

Print name: _____

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Privacy collection statement

Your privacy is respected by Variety. The personal information you provide on this form (including sensitive information about your health) will be used to assess your eligibility, or for the administration or our financial assistance program. It may be provided to organisations that assist us, or as required or authorised by law, but we will not use any of your sensitive information for marketing purposes, without your prior consent.

If you have any privacy concerns or would like to verify information held about you please contact our Privacy Officer.

I consent to Variety collecting the information provided on this form. I understand that if I do not provide the information requested, I may be ineligible to receive assistance from variety.

Signature: _____ Date: _____

Please note: You must complete the form or your application will not be processed. If you require assistance to complete this application, please contact us at +852 3486 7480, or appeals@varietyhk.org

Check List please make sure the following documents are completed and attached.

- Completed application form
- Three (3) current quotations or proposed budget (No. 10)
- Supporting documentation from a Professional Contact
- Proof of charitable status

Please send completed form and relevant information to:

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