

SPONSOR THOSE IN NEED IN YOUR COMMUNITY

We support disadvantaged and homeless individuals and families in the Shoalhaven, in creating a brighter future for themselves. We are committed to providing immediate help, building empowering relationships, and facilitating long term assistance and transformation. You too can help make a difference by sponsoring the following:

HOT MEALS

		QTY
One Family	\$20	<input type="checkbox"/>
100 Individuals	\$300	<input type="checkbox"/>

GROCERY HAMPER

One Family	\$30	<input type="checkbox"/>
10 Families	\$300	<input type="checkbox"/>

FINANCE/BUDGET SUPPORT

Assistance in budgeting for someone willing to make positive changes in money management	\$50	<input type="checkbox"/>
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PARENT SUPPORT

Practical guidance in the home to assist a young parent in developing strategies in efficiently managing a household	\$80	<input type="checkbox"/>
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EMPLOYMENT SUPPORT

Mentoring for an unemployed person in volunteering, upskilling and then connection to local businesses for employment	\$80	<input type="checkbox"/>
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LITERACY SUPPORT

One adult for 4 weeks	\$120	<input type="checkbox"/>
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NEIGHBOURHOOD CONNECT

Send our Mobile Response Van to a low socio-economic neighbourhood to supply groceries, meals, hot drinks, toiletries, blankets and connection.

One visit	\$200	<input type="checkbox"/>
10 visits	\$2000	<input type="checkbox"/>

TUTOR A CHILD

Learning support for a child for 10 weeks	\$400	<input type="checkbox"/>
Learning support for 5 children for 10 weeks	\$2000	<input type="checkbox"/>

3 WAYS TO SPONSOR

- Provide your card details below and send to Salt Ministries PO BOX 2340, BOMADERRY 2541
- Go to www.saltministries.com.au/sponsorship and fill in your details
- Make a direct deposit using Salt's bank details below

Salt Ministries Incorporated BSB: 062 585 ACC: 10777942

*By ticking this box I agree for Salt to charge the above card plus surcharge for card transaction with the requested amount. I take full responsibility for its terms and charges. ☐

Name: _____

Company: _____ Phone: _____

Email: _____

Credit Card # _____ Exp Date: _____ CVC: _____

Name on Card: _____ Signature: _____