

Matched Funding Form

Name			
Date			
WA Member Number			
Address			
City			
State		Postcode	
Phone		Mobile	
Email			
Diamond Sponsor Name			
Sponsor Member Number			
Sponsor Rank			
Sponsor Phone			
Sponsor Email			

Briefly explain the sponsor's involvement	
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How much funding are you asking the doTERRA Healing Hands Foundation AUNZ to match?*	\$
Recipient organisation name	
Recipient organisation ABN	
What is the organisation's PBI Status (search at: https://www.acnc.gov.au/charity/charities)	

Briefly describe the organization and the project that this matched funding will support	
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Please include a high level budget for the project (not the fundraising activity expenses, the charity project budget)	
Budget Item / Project Activity	Amount (AUD)
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

What are the high level objectives/outcomes that this funding will achieve?
Please outline how the funds that you will contribute will be, or already have been, raised

Please return this form to:
 dōTERRA Healing Hands Foundation AUNZ
healinghandsau@doterra.com