

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 | |
|---|--|

| | |
|---|----|
| 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 | |
|---|--|

| 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