

Student Name: \_\_\_\_\_

Class: \_\_\_\_\_



SUPPORTER NAME	ADDRESS	EMAIL	PLEDGE AMOUNT

PO Box 17334, Greenlane, Auckland 1051

09 370 0222 <https://www.curekids.org.nz/>

Bank: ASB Bank  
Branch: **North Harbour Commercial**  
**Banking** Bank Account Name: **Cure Kids**  
Bank Account Number:  
**12-3107-0023265-00** Reference: **Red**  
**Nose Day - [Name of school]**