What is **Karinya House?**

Karinya House is an organisation focused on developing a sense of hope and belonging to effect lasting positive change in the lives of the women and children we walk alongside.

Every woman who is pregnant or has a new baby should be surrounded with the support she needs.

Sadly however, *"mothers who are single, or homeless and face limited opportunities are never far from judgement, criticism and at times incredible prejudice in our community....* even today." (Marie-Louise Corkhill, *Executive Director*, Karinya House for Mothers and Babies, on acceptance of the 2017 ACT Woman of the Year Award).

> *"It is so nice to know that someone has my back and someone loves me. I am so grateful for all the help I have received from Karinya." (*Alice - *pseudonym)*

> *"People always tell us at Karinya what a great job we do. But I really believe it is the women we walk alongside who do the great job. They are smart, courageous and willing to make a change." (Senior Caseworker Karinya House)*

What does **being a friend of Karinya House** mean?

Karinya House provides a holistic range of professional and specialised support services to women during their pregnancy and immediately after birth, twenty four hours a day, 365 days a year.

Karinya House relies on valuable financial support to deliver our services from a number of sources including the ACT Government, our corporate partners and community members.

Being a financial friend of Karinya means you will enable women to make decisions that are right for them, in order to build a positive future.

Find out more **karinyahouse.asn.au**

Karinyahouse *Thank you for your kind donation.*

Donate online at **karinyahouse.asn.au** or
Please return this appeal card by mail to:
Karinya House, PO Box 7239 Kaleen ACT 2617.

Mr, Mrs, Ms, Other: First Name: Surname:

Address: Suburb: Postcode:

Telephone: Email:

Date: Signature:

Yes, I wish to make a donation to Karinya House for Mothers & Babies:

☐ I authorise recurring donations of ☐ $100 or ☐ $50 or ☐ $25 or ☐ Other Amount (Please specify) $

☐ Monthly ☐ Quarterly ☐ Annually from my credit card until further written notice

☐ I authorise a single donation of $

Please debit my card: ☐ Visa ☐ Mastercard

Card number: CCV:

Expiry: / Name on card:

☐ Please find enclosed my cheque/money order in the amount of $

(All donations over $2 are tax deductible.)