



## I WANT TO SUPPORT THE WORK OF FRIENDS OF DISMAS!

### SUPPORTER DETAILS:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

I would like to receive the Friends of Dismas supporter newsletter

### GIFT DETAILS:

Please accept my gift of: \$ \_\_\_\_\_ (donations over \$2 are tax deductible)

This is a:       One off gift       Fortnightly gift       Monthly gift       Quarterly gift

A receipt will be emailed or posted to you as per your above contact details.

### PAYMENT METHOD:

**My cheque is enclosed** - please make cheques payable to "Community Care" Ref: FOD

or

**Charge my Mastercard or Visa card:**

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_      CCV: \_\_\_\_\_      Signature: \_\_\_\_\_

or

**Debit my Bank Account:**

Account Name: \_\_\_\_\_      BSB: \_\_\_\_\_      Account No: \_\_\_\_\_

Send completed form to: Churches of Christ Community Care  
1st Floor, 582 Heidelberg Rd, Fairfield Vic 3078  
Email: [ccvt@churchesofchrist.org.au](mailto:ccvt@churchesofchrist.org.au)