



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
PO Box 5302, South Melbourne VIC 3205
Email: ccvt@churchesofchrist.org.au