

LUTHERAN.MEDIA)))

COMMUNICATING CHRIST

Please enrol me as a regular donor!

I would like to become a regular donor and give every week quarter six months year

I want my giving to start in the month of _____ (If *quarterly* March, June, Sept or Dec)

Name: (Mr/Mrs/Ms/Miss/Rev/Dr) _____

Address: _____ p/code: _____

Please debit my Bankcard/Mastercard/VISA to the value of \$ _____

CARD NO

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Expiry Date: ____ / ____ Signature of cardholder _____ Tax Deductible Receipt? **YES / NO**

Name on card: _____ p/code _____

I authorise you to debit regular payments to my Mastercard/VISA account number, above.

I understand I may terminate this arrangement at any time.

Amount \$ Month..... Signed..... Date.....

OTHER PERSONAL DETAILS

Phone No _____

Email Address _____

**Reply Paid 65735, Lutheran Media, 197 Archer St, North Adelaide 5006
or phone Freecall 1800 353 350**