



SU chaplaincy

ACN 009 669 569 ABN 74 009 669 569
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T 1300 478 753 E info@suqld.org.au

I want to invest in a young generation by supporting SU QLD School Chaplaincy at:

Donations of \$2 and over are tax-deductible and a receipt will be posted to you. Regular supporters will receive one receipt at the end of each financial year. Your gift will be split evenly among selected schools unless stated otherwise.

regular SUPPORT

- ☐ \$ / month ☐ \$ / month
☐ \$ / month ☐ \$ / month
☐ \$ / month ☐ Other: \$ / month
☐ Increase my current regular support by \$ / month
☐ I would like to leave a legacy. Please send me information about leaving a gift in my will.

one-off DONATION

- ☐ \$ ☐ \$
☐ \$ ☐ \$
☐ \$ ☐ \$
☐ Other: \$

my details (Fields marked * are required)

Your personal information is treated in accordance with SU QLD's privacy policy. Please refer to suqld.org.au/privacy for further details.

*Please provide a tax-deductible receipt in ☐ my/our name(s) ☐ my/our company name

*Title(s) _____ *Given Name(s) _____

*Surname(s) _____

Occupation(s) _____

Company Name _____

*Address _____

*Suburb _____ *Post Code _____

*Preferred Contact Number ☐ Mobile ☐ Home ☐ Work _____

*Email _____

DOB (Name 1) ____ / ____ / ____ DOB (Name 2) ____ / ____ / ____

payment options

☐ **Cash / Cheque** (made payable to *SU QLD Schools Ministry Fund*)

☐ **Credit Card** ☐ Visa ☐ MasterCard ☐ Diners Club ☐ American Express

Cardholder's Name _____

Card Number _____

Expiry Date ____ / ____ Signature _____

☐ **Direct Debit** (regular supporters only)

Bank _____ Account Name _____

BSB _____ Account Number _____

Drawings are made on the third Thursday of the month. I / We the undersigned request you, Scripture Union Queensland (ID 057485), to arrange for funds to be debited from my / our nominated account at the financial institution nominated above according to the schedule specified herein.

Signature(s) _____

If debiting from a joint account, both signatures are required.