



scripture union QUEENSLAND

ACN 009 669 569 ABN 74 009 669 569

POSTAL PO Box 1167, Eagle Farm QLD 4009

T 1300 478 753 F 07 3112 6599 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.

regular SUPPORT

- \$20 / month
- \$40 / month
- \$60 / month
- Increase my current regular support by \$ / month
- \$80 / month
- \$100 / month
- Other: \$ / month

one-off DONATION

- \$100
- \$250
- \$500
- Other: \$
- \$1,000
- \$2,500
- \$5,000

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.