



Yes! I want to support the chaplain at _____ School

HERE IS MY GIFT OF:

\$ _____

This is a recurring gift one-time gift

If recurring, please withdraw once per

week fortnight month quarter year

Donations of \$2 and over are tax-deductible and a tax receipt will be posted or emailed to you. Supporters with recurring gifts will receive one receipt at the end of each financial year.

Please send me information on remembering SU QLD in my Will.

Please return to: **SU Chaplaincy c-/ SU QLD, PO Box 1167, Eagle Farm QLD 4009.** Or donate at suqld.org.au/donate or call **1300 478 753.**

SU Chaplaincy is a division of Scripture Union Queensland – a member of the Scripture Union International community.

Credit Card Visa Mastercard Diners American Express

CARDHOLDER'S NAME _____

CARD NUMBER _____

EXPIRY DATE ____ / ____ / ____ SIGNATURE _____

Direct Debit (monthly gifts only)

Bank _____ Account Name _____

BSB _____ Account Number _____

Drawings are made on Thursdays at your chosen frequency. If debiting from a joint account, both signatures are required. 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) _____

Cheque (For one-time gifts only. Made payable to SU QLD Schools Ministry Fund.)

My details (Your information is treated in accordance with SU Chaplaincy's privacy policy – visit suchaplaincy.org.au/privacy)

Please provide a tax receipt in my name my company's name

TITLE _____ NAME _____

COMPANY _____

ADDRESS _____ POST CODE _____

PREFERRED PHONE HOME WORK MOBILE _____

EMAIL MY RECEIPT TO _____

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