

All benefactors please print clearly in BLOCK CAPITALS				
TITLE	FIRST NAME	SURNAME		
ADDRESS				
EMAIL		PHONE		
MONTHLY AMOUNT				
My regular monthly donation will be:				
		/ month		
I wish to pay by: Electronic Transfer: Please contact us for bank details if you would like to donate via direct deposit (EFT/net-banking).				
Credit Card: Please complete the credit card details below. (*Please see note below)				
I understand that I can cease my monthly donation at any time.				
(<i>Tick one</i>) Uvisa Masterca	ard Expiry: Month Year	Monthly Amount: \$		
Card Number:				
Name on Card (Please Print)		Cardholder's Signature		

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Enclosed is my donation of \$by:				
Cheque: Electronic Transfer:	Please make cheques out to: F Please contact us for bank det (EFT/net-banking). Please complete the credit card	ails if you wo	ould like to donate via direct deposit	
(<i>Tick one</i>) Visa Mastercard Expiry: Month Year Amount: \$ Card Number:				
Name on (Card (Please Print)		Cardholder's Signature	
 COMPLETED FORMS MAY B handed to any of the prie placed in the collection b 	BE Construction of the set of the	CONTACT US Postal Address Felephone -	tions, and she may contact you to verify details etc. PO Box 46 Pendle Hill, NSW 2145 Australia +61 (02) 9688 4287 admin@fssp-parra.org	

Website

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