



CREDIT CARD GIVING SLIP

Fill in the form below and return it to us and we will set up a regular payment from your credit card.

Return to: PO Box 250 Gladesville 1675 or office@christchurch.org.au or Sunday offertory bag

| | | | | |
|---------------------|----------------------------------|--------------------------------------|------------------------------------|------------------------------------|
| Congregation / Fund | <input type="checkbox"/> 8:45am | <input type="checkbox"/> 10:45am | <input type="checkbox"/> 6:00pm | <input type="checkbox"/> Scripture |
| Frequency | <input type="checkbox"/> monthly | <input type="checkbox"/> quarterly | <input type="checkbox"/> 6-monthly | <input type="checkbox"/> once-off |
| Card type | <input type="checkbox"/> Visa | <input type="checkbox"/> Master Card | | |

Card number: _____/_____/_____/_____ Expiry date: _____

Name on card: _____ Amount: _____

Email: _____ Phone: _____

Signature: _____ Date: _____