

Credit Card Request

Contact Details

Donor ID:

First Name:

Surname:

Address:

City/Suburb: Postcode:

Phone: Mobile:

Email: Email Receipt? Yes: No:

Your Gift Allocation

Please indicate how you wish your gift to be allocated (may be to more than one person or project).
 I/we want the amount to be allocated to Wycliffe Members or Projects as follows:

| Person or Project | Amount |
|-------------------|--------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| TOTAL: | \$ |

one-off weekly fortnightly monthly quarterly half-yearly yearly

Your Credit Card Details

Type of Card: Visa Master Card

Number: _____ Expiry Date: ____/____

Name on card:

Your Signature:

DATE:/...../.....