

Hope Partner details

Title Name

Address

Phone Email

Preferred Method of Contact ☐ Email ☐ Phone ☐ Mail

Date of birth

My payment details

I/We request that AnglicareSA arranges for funds to be debited from my/our account or Credit Card identified below and understand that my/our account / Credit Card will be debited at the frequency and amount requested below until I advise you to cease payments.

My Donation is a

- ☐ Regular monthly pledge of \$ or
- ☐ Regular quarterly pledge of \$ or
- ☐ One-off annual pledge in June each year of \$

☐ Direct Debit

Month of first payment (debited on the 1st Wednesday of each month)

Financial institution name and branch

Account name

BSB Account no

Authorised signature(s)

Date

☐ Credit Card

Starting date

Card no

Expiry date / CCV

Authorised signature(s)

Thank you very much for your continued support.

159 Port Road | Hindmarsh | South Australia 5007 | donate@anglicaresa.com.au | Phone: **8305 9200**

Your privacy is our priority. All personal information remains confidential & we will manage it in line with our Privacy Policy which is available on our website.