



**yes! I WANT TO support THE chaplain AT \_\_\_\_\_ SCHOOL**

**HERE IS my gift of**

☐ **\$40**   ☐ **OTHER: \$** \_\_\_\_\_

**A MONTH** This is a ☐ Regular monthly gift ☐ One-time gift

Donations of \$2 and over are tax-deductible and a tax receipt will be posted to you. Regular monthly supporters will receive one receipt at the end of each financial year.

**Please provide a tax receipt in**

☐ My name   ☐ My company name

☐ **Please send me information on remembering SU QLD in my will.**

Please return to:  
**SU QLD**  
**PO Box 1167**  
**Eagle Farm QLD 4009**

You can also donate online at  
**[donate.to.suqld.org.au](http://donate.to.suqld.org.au)**  
or by phoning **1300 478 753**

☐ **Credit Card**   ☐ Visa   ☐ Mastercard   ☐ Diners   ☐ American Express

CARDHOLDER'S NAME \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRY DATE \_\_\_\_ / \_\_\_\_   SIGNATURE \_\_\_\_\_

☐ **Direct Debit** (regular supporters only)

Bank \_\_\_\_\_ Account Name \_\_\_\_\_

BSB \_\_\_\_\_ Account Number \_\_\_\_\_

Drawings are made on the third Thursday of the month. 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 personal information is treated in accordance with SU QLD's privacy policy – visit [suqld.org.au/privacy](http://suqld.org.au/privacy))

TITLE \_\_\_\_\_ NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_ POST CODE \_\_\_\_\_

PREFERRED PHONE ☐ HOME ☐ WORK ☐ MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_