



CBMC Australia

Donation Form

I would like to donate: \$10 \$20 \$50 other amount: \$.....

This will be: Once Off weekly fortnightly monthly

I authorise CBMC Australia to deduct the amount above from my Credit Card.

Card Number:

Card Holders Name:

Expiry Date:/.....

If you would like to make a regular donation via Direct Deposit into our Bank account please contact our office to arrange.

Thank you

for your support of this ministry

Name:

Address:

State: Postcode:

Phone:

Email:.....

Please print and return this form to:

admin@cbmcaustralia.com.au or

CBMC Australia
PO Box 8168
Woolloongabba QLD 4102