

Credit Card Request

Presbyterian Church of Australia (ABN 82 247 231 838)

1. Cardholder Details

Name

Address

Suburb

State

Postcode

Telephone

Mobile

Email

2. Credit Card Details

Full Name on Credit Card

Card Type (please tick)


☐

☐

Other card (name)

☐

Credit Card Number

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Expiry Date

Amount

Australian Presbyterian World Mission

a: PO Box 1093 Burwood North 2134

t: (02) 8074 9775 (Mondays) Office: (02) 8074 9740

e: finance@apwm.org.au

www.apwm.org.au

Return this form to:

APWM National

PO Box 1093

Burwood NSW 2134

or finance@apwm.org.au

3. Timing

Monthly

☐

Start Date

Quarterly

☐

Start Month

Half Yearly

☐

Start Month

Annually

☐

Start Month

Other

☐

Specify

4. Signature

Signature

Name

Date

5. Partnering with (name/s of gospel workers/ministry)

6. Church you attend

7. Pray with us

I would like to receive regular prayer updates for the above gospel workers/ministry:

☐

by e-mail

☐

by mail

(e-mails save us postage costs!)