



Credit Card Authorisation

Please use **BLOCK** letters

I
(full name)

of

Postcode:
(full address)

Authorise the Australian Lutheran World Service to debit my:

VISA

Account Number:

Expiry Date: /

Name on card:

\$ **monthly / quarterly / half yearly / yearly** (please circle)

Commencing / / until further notice.

NB: Credit card deductions are made on or around the 15th of the month.

Email: Phone: ()

Signature: Date: / /

Please return completed form to ALWS:

Reply Paid 488 Albury NSW 2640, fax 02 6021 4504, alws@alws.org.au

Questions? Need help? 1300 763 407

