

# Yes. I want to be a **Hope Partner.**

*By becoming a Hope Partner, for as little as \$1 a day, you can make a big difference. Your pledge will help Anglicare raise a million dollars to run our emergency relief programs. We also need to raise \$500,000 a year to run our youth and family employment program. In other words, we could really use your support.*

## **I WISH TO BECOME AN ANGLICARE HOPE PARTNER WITH A MONTHLY GIFT OF:**

\$30       My choice \$ \_\_\_\_\_

Name/s \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Mobile/daytime phone no \_\_\_\_\_

Email \_\_\_\_\_

### **I wish to pledge by:**

Monthly Direct Debit       Credit Card

### **Direct Debit Payment Method.**

I/We request that Anglicare SA arranges for funds to be debited from my/our account identified below until further notice.

I/We understand that my/our account will be debited on the first Wednesday of each month for the amount shown above.

Month of first payment: \_\_\_\_\_

Financial institution name and branch: \_\_\_\_\_

Account name: \_\_\_\_\_

BSB: \_\_\_\_\_

Account No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Credit Card Payment Method**

Please debit my:       Mastercard       Visa       American Express       Diners Club

                

Expiry date \_\_\_\_\_ / \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_