An invitation to become a corporate hope partner...

Company name _____ Contact person _____

Address _____

_____ Postcode _____

email _____ daytime phone _____

We would like to become a Hope Partner with monthly support of

☐ $250 ☐ $500 ☐ Our choice $ _____

☐ Monthly Direct Debit ☐ Credit Card

Direct Debit payment method

We request that Anglicare SA arranges for funds to be debited from my/our account identified below for two years, and 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 _____

Authorised signature _____ date _____/___ /___

Credit Card payment method

☐ Visa ☐ Mastercard ☐ Diners Club ☐ Amex Starting date.....

Credit card no _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Expiry date /

Authorised signature _____

Return to Mark Sykes at Anglicare SA, 18 King William Road, North Adelaide 5006 or call Mark on 8305 9267 hopepartners@work.anglicare-sa.org.au for more information, or to see how you can bring hope to the community near you.

Thank you.

ANGLICARE
HOPE IS HERE. SA.

hope 150 years