



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 to support a refugee teacher until December 2019 OR

Monthly / quarterly / half yearly / yearly (please circle)

Commencing

Until December 2019 or notified otherwise

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