



**Australian
Lutheran**
World Service

Donation Action Slip

Please find enclosed my gift of \$

I would like to contribute \$ monthly / quarterly / half yearly / yearly (please circle)

Please charge my credit card:

VISA

Account Number:

Expiry Date: / CVV:

Title (eg Mr, Mrs): Daytime Ph:

Name:
(please print clearly)

Address:

Postcode:

Signature: Email:

I would like to donate regularly from my bank account. Please send me an authorisation form

Please send me information on how I can continue to support ALWS through my will

Thank You !

Please return completed form to ALWS:
Reply Paid 488 Albury NSW 2640, fax 02 6021 4504, or
alws@alws.org.au

Questions? Need help? 1300 763 407

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1. ALWS collects personal information about you in order to process your requests and / or contributions
2. We may include your details in donor lists to inform you about our work and of opportunities to support it. If you do not agree to this you must advise us immediately
3. Some of the information we collect is to satisfy ALWS's legal obligations