

My contact details:

Title _____
First name _____
Surname _____
Address _____

Please provide us with an email address and a contact telephone number:

Email _____ Telephone _____

YES, I want to help support the work of UnitingCare Queensland (General Donations)

Please tick one of the boxes below or write down a gift amount of your choice:

\$ 200 \$ 150 \$ 50 \$ 500 Own choice \$ _____

OR make an ongoing pledge _____ \$ _____
(eg. monthly, yearly, etc)

Card holders details:

Mastercard Card number _____

Visa Name on card _____ Expiry ____/____

Cheque/Money Order (payable to UnitingCare Queensland)

Please send me information on how I can consider supporting UnitingCare Queensland in my Will.

Please return completed form to: UnitingCare Queensland, GPO Box 45 Brisbane QLD 4001

Every donation over \$2.00 is tax deductible and a receipt will be sent to you.

Our Values: Compassion • Respect • Justice • Working Together • Leading through Learning