

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