

Please help us to keep the doors open to St John's Care to help the homeless and the needy of Canberra:

Title: _____ **First Name/s:** _____ **Surname:** _____

Address: _____ **Suburb:** _____ **Postcode:** _____

Phone: Home: _____ Work: _____ Mobile: _____

Email: _____

I / We want to become a donor to St John's Care:

One-off Donation of \$ _____ Fortnightly at \$ _____ Monthly at \$ _____

I/ We wish to pay by:

Cheque – Payable to St John's Care **Cash** **Credit Card** – details below

Direct Debit – please contact St John's Care so we can organise arrangements

Credit Card : Visa / Mastercard Cardholder Name: _____

Credit Card No: _____ Expiry date: ____ / ____