



Brisbane Office
 126 Barry Parade
 Fortitude Valley QLD 4006
 PO Box 1167
 Eagle Farm Qld 4009
 07 3112 6400
 donations@suqld.org.au



DONATE TO SU QLD

Date: ___ / ___ / ___

Name to appear on receipts (you may nominate business or company trading names):

Donor Reference: _____
 (6 or 8 digit reference code located at the bottom right of receipts)

Name of donor(s) : _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone (w): _____ Phone (h): _____ Phone (m): _____

Email(s): _____

Please debit \$ _____ from the above account each:

1. Direct Debit (All direct debit donations are processed on the third Thursday of each month)

Monthly Quarterly Half Yearly Annually

Bank Name: _____

Account name: _____

Bank branch: _____

BSB: _ _ _ - _ _ _

A detailed [Direct Debit Agreement](#) will be sent to you prior to the first drawing.

A/C: _____

// We the undersigned request you, Scripture Union Queensland (ID 057485), to arrange for funds to be debited from my/our nominated account at the financial institution nominated above according to the schedule specified herein.

Signature(s): _____

If debiting from a joint bank account, both signatures are required

2. Credit Card Deduction

Once off Monthly Quarterly Half Yearly Annually Other: _____

Card issuer: Visa MasterCard Diner AMEX

Name on card: _____

Card number: _ _ _ _ - _ _ _ - _ _ _ - _ _ _

Expiry date: _ _ / _ _ Signature: _____

3. Cheque

Simply attach a cheque to this form and post in with the reply paid envelope supplied.
 Please make cheques payable to "SU Qld Schools' Ministry Fund"

Please remind me/us of our pledge with a letter according to my frequency.

PLEASE ALLOCATE MY DONATION TO:

ELANORA STATE HIGH SCHOOL	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Please note: You will receive an End of Year receipt for all your donations during the financial year by 15th July. If you would prefer to receive a donation receipt for each donation, please tick here