**Please enrol me as a regular donor!**

* I would like to become a regular donor\* and give every [ ]  month [ ]  quarter

I want my giving to start in the month of (if *quarterly* select Mar, June, Sept or Dec)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** *(e.g. Mrs, Mr, Rev, Dr)* |  | **First name** |  | **Last name** |  |
| **Organisation** *(if applicable)* |  |
| **Address** |  |
| **State** |  | **Postcode** |  |
| **Email** |  |
| **Mobile** |  |

* Please debit my Mastercard/Visa **to the value of $\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Card no. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Expiry Date |  |  | / |  |  |  | CVC number |  |  |  |  |  |

|  |  |
| --- | --- |
| **Name on card** |  |
| **Signature** |  | **Date** |  |

* I authorise Lutheran Media to debit regular payments to my Mastercard/Visa account number, above.

I understand I may terminate this arrangement at any time.

[ ]  This authority replaces my existing authority.

(Use this check box to indicate a revised regular gift amount, or revised donor details).

**Post to: Reply Paid 65735, *Lutheran Media*, Box 731, North Adelaide 5006**

or **email luthmedia@lca.org.au**

or**phone Freecall 1800 353 350**

**\*** Deductions occur on the 15th day of each month/quarter