



**Yes – I would like to partner with Scripture Union to see children and young people in NZ transformed by Jesus!**

**Your details**

Supporter ID (if known):

Name:

Address:

Phone:

Email:

**Your gift**

\$\_\_\_\_\_  \$100  \$50  \$30  \$20

I would like my donation to go to: **The greatest need**  OR \_\_\_\_\_

**Your gift frequency**

Weekly  Fortnightly  **Monthly**  Quarterly  Six monthly  Annually

**a) Donate by Automatic Payment (AP)**

Please complete the Automatic Payment form including filling in the following details on your form so we can allocate your donation correctly:

**Particulars:** \_\_\_\_\_ **Code:** \_\_\_\_\_ **Reference:** \_\_\_\_\_  
(Your name) (Your supporter ID) (Donation Destination\*)

\* Please note if you'd like your donation to go towards a particular area of SUNZ ministry.

Please take the Automatic Payment form to your bank branch and return **this** form to us by email or by post.

SUNZ bank account for regular donation is **02-0560-0036204-003**.

**b) Donate by Credit Card**

I/we authorise Scripture Union in NZ to debit my/our

Visa  MasterCard, starting\_\_\_\_/\_\_\_\_ until further notice.

This is not a one off donation. I permit Scripture Union to use updated credit card information that I provide from time to time.

Card number:

Card Expiry Date\_\_\_\_/\_\_\_\_

Cardholders' name\_\_\_\_\_

Signature\_\_\_\_\_

**More information**

Please send me information on leaving a gift/bequest to Scripture Union in my Will.

Please note: to save on costs, we will send you one receipt after 31st March each year.