



# Christian Life Community

## SUMMARY SHEET FOR GROUP PAYMENT

**Please return to CLC, PO Box 5207, MANLY QLD 4179 or fax to (07) 3393 4483 or complete, scan and email to admin@clcaustralia.org.au**

Date: \_\_\_\_\_

Title \_\_\_\_\_ First name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Name of Group** \_\_\_\_\_

*My enclosed payment covers the following people:*

	<b>Amount</b>
Title _____ First name _____ Surname _____	\$ _____
Title _____ First name _____ Surname _____	\$ _____
Title _____ First name _____ Surname _____	\$ _____
Title _____ First name _____ Surname _____	\$ _____
Title _____ First name _____ Surname _____	\$ _____
Title _____ First name _____ Surname _____	\$ _____
Title _____ First name _____ Surname _____	\$ _____
Title _____ First name _____ Surname _____	\$ _____
Title _____ First name _____ Surname _____	\$ _____
<b>TOTAL</b>	\$ _____

I enclose a cheque/money order for \$ \_\_\_\_\_ **OR**

Please debit my  Mastercard  Visa

Amount: \$ \_\_\_\_\_ Card No:

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cardholder's Name: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

*Please indicate if you wish to receive a receipt.*

### OFFICE USE ONLY

Date received	Date entered into database	Date receipt sent