



# Christian Life Community

## DONATION SLIP

Please post to CLC Australia, PO Box 5207, MANLY QLD 4179 or fax to (07) 3393 4483  
or complete, scan and email to [admin@clcaustralia.org.au](mailto:admin@clcaustralia.org.au)  
*All forms are available on the CLC web site: [www.clcaustralia.org.au](http://www.clcaustralia.org.au)*

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: (day) ( \_\_ ) \_\_\_\_\_ (night) ( \_\_ ) \_\_\_\_\_ mobile \_\_\_\_\_

Email: \_\_\_\_\_

**I wish to donate the following amount to CLC to assist with its programs and commitment to the community:**

I enclose a cheque/money order for \$ \_\_\_\_\_ OR Please debit my  Mastercard  Visa

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

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

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

**Thank you!**