



CENTRAL HUME SUPPORT SERVICES INC.

## Regular Donation Permission Form

Donor Details			
Name			
Address Line 1			
Address Line 2			
City			
State		Postcode:	
Phone:	Home: ( )	Mobile:	
Email:			

**Frequency:** (please select )

Weekly  Monthly  Annual  other \_\_\_\_\_

**Donation Amount:** (please select )

\$10  \$20  \$50  other amount \$ \_\_\_\_\_

### Credit Card Details:

(please select ):  Visa  Mastercard  AMEX

Card No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Card Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name on Card:	
Signature:	

### Additional Information/Comments:

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**Signed:** \_\_\_\_\_

**Please complete and return to Central Hume Support Services Inc:**

Mail – Post Office Box 1490  
Wodonga VIC 3689

Fax – 02 60563411