

Ministry Partner Form

Power to Change PO Box 565 Mulgrave VIC 3170

Phone: (03) 9014 7584 Fax (03) 9561 9626

Email: support@powertochange.org.au



Connecting people to Jesus and each other

Please complete this form in BLOCK LETTERS and return to the **missionary who gave it to you**.
Or you can send this form along with any cheques to Power to Change, PO Box 565, Mulgrave VIC 3170.

Title: Mr / Mrs / Miss / Ms / Dr / Rev
Name: _____
Spouse Title: Mr / Mrs / Miss / Ms / Dr / Rev
Spouse Name: _____

OR

Organisation / Group Name: _____
Contact Person Title: Mr / Mrs / Miss / Ms / Dr / Rev
Name: _____

Address: _____ State: ____ Postcode: _____

Mobile: _____ Email: _____

Home Phone: (____) _____ Work Phone: (____) _____

I/We wish to financially support _____
(Missionary or Ministry Name)

With a SPECIAL gift of \$ _____

or

With REGULAR support of \$ _____

(if you have any special requests, please contact support@powertochange.org.au or call 03 9014 7584)

- Every week
- Every month
- Every quarter
- Every year

Optional:

My Prefer Start date is: ____ / ____ / ____

Please debit my **Mastercard** or **Visa**: (Please see bottom of the form)

OR

Please debit my **bank account**: Account Holder Name _____
BSB _____ - _____ Account No. _____

OR

I will send **cheques / money orders** (please make them out to Power to Change)

OR

I would like to give via **internet transfer**. Please send me Power to Change bank details and the relevant codes.

(Please tick if applicable)

- I/We hereby authorise Power to Change to increase the regular support amount by 5% annually.
- I/We DO NOT wish to receive any updates from Power to Change

I hereby authorise Power to Change to process the above financial transactions.

Signature: _____ **Date:** _____

Power to change is committed to comply with our National Privacy Principles. For more information about our Privacy Policy, please visit www.powertochange.org.au.

Ministry Partner Form (Form 3 - Rev 26/03/2010)

Power to Change is committed to keeping your credit card information secure. This part of the form will be destroyed after use.

Card No. _____ Exp ____ / ____

Name on Card _____