

# Be Part of God's mission with MOM

## Directions : Please

1. **Fill out both contact details and payment details below.**
2. **Select your payment method.**
  - **Cheque or money order :**  
Make payable to St.Paul's Anglican Church, Mormon Outreach Ministries
  - **Credit Card :**  
Fill out the credit card details below.
2. **Return this form to**
  - **Mail:**  
The Accountant  
St Paul's Group of Churches  
PO Box 5099  
Kingsdene NSW 2118
  - **Telephone**  
Australia 02-9871-6077
  - **Fax:**  
02-9871-6980
  - **E-mail :**  
[office@stpaulscarlingford.org.au](mailto:office@stpaulscarlingford.org.au)

✂.....

### Contact Details

Name (Mr/ Mrs/ Miss/ Ms/ Rev/Dr) .....

Address.....

.....Post Code .....

Home Phone ..... Work Phone .....

E-mail .....

### Payment Details

Donation: One-off  Monthly  Quarterly

Cheque or Money Order  Amount: \$.....

Credit Card Details : Bank Card  Mastercard  Visa

Credit Card No : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Amount: \$.....

Expiry Date : \_\_\_\_ / \_\_\_\_ Name on Card : .....

Signature :.....Date :.....

Please indicate your preference      Please forward receipt   
Please hold receipt on file

Receipt Number	
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