

MY GIVING [✓]

YFEC ASIA PACIFIC



First Name _____

Last Name _____

Address _____

Suburb/Town/City _____ State _____ Postcode _____

Telephone (H) _____ (B) _____ (M) _____

Email _____

I would like to be financially involved in supporting the Youth for Christ ministry of:

- | | |
|--|---|
| <input type="checkbox"/> Conrad Parsons CP | <input type="checkbox"/> Jane Ang JA |
| <input type="checkbox"/> Manasa Aloalii MA | <input type="checkbox"/> Asia Pacific General GEN |
| <input type="checkbox"/> Jasen & Esther Brooks JEB | <input type="checkbox"/> Other _ |

Please specify

By giving a gift of \$ _____ now.

By giving a regular gift of \$ _____ per
 month quarter year

I prefer to use regular credit card payment on the _____ of the month
 regular internet payment*

*BSB: 013-402 Account: 6608-57683

Name: Youth First Concerns Inc

Please use your surname and the code for your preferred ministry as the reference: e.g. YOURNAMEGEN or YOURNAMECP

I prefer to be receipted

- immediately each time
 for first time then an annual giving statement (default)
 an annual giving statement only

Please make out receipts to: _____

Receipts will be emailed in PDF format

Please use mail as I do not have an email address.

I authorise Youth for Christ to debit from my credit card in accordance with my support agreement.

VISA MASTERCARD AMEX

Card Number _____ Expiry _____ / _____

Cardholder's Name _____

Cardholder's Signature _____ Date _____ / _____ / _____

Please return all forms to:

Youth First Concerns Inc
(YFC Asia Pacific)
PO Box 5570
STUDFIELD VIC 3152
or email to: yfcap@yfc.org

Thank you

