

RESPONSE FORM

Name:		
Address:		
Suburb:		Postcode:
Phone (day):	Phone (home):	Mobile:
Email:		
☐ I would like to support the Trinity Network Growth Fund financially		
Amount		
Recurring donation	\$	Yearly Quarterly Monthly
	Commencement date:	
One off donation	\$	
Payment method		
Cheque	Please make cheque payable to: Friends of T	Trinity Trust (TNGF)
Electronic transfer	BSB: 182-222 Account Number: 11670739	9 Reference: TNGF
	Anticipated date of transfer:	
Credit card	Please debit my:	d Amex at the above frequency
	Card number:	
	Expiry date: MMM YYY Name on	card:
	Signature:	Date:
I would like to receive updates about the Trinity Network		
Please send them by: Email Mail I don't mind		
I would like to receive prayer points relating to the Trinity Network		
Please send them by: Email Mail I don't mind		

