

Today's date: _____/_____/_____



PLEDGE FORM

Version control: 25 Feb 2020

CFC ANCOP Australia Ltd ABN 61 099 188 244

Solicited by: _____
(Name/Chapter/State of ANCOP Ambassador)
Leave blank if not applicable

Section A: Giving Preferences (tick relevant box)

- One-off payment of:
- \$360 (can support the education of a primary/secondary student for a year)
 - \$750 (can support the education of a tertiary/vocational student for a year)
 - \$4,500 (for resettlement of families affected by disasters, incl. building houses)
 - Other amount: \$ _____ (to support the above and/or other ANCOP work)

OR

- Regular payment of \$ _____ to be paid: weekly fortnightly monthly annually

I understand my regular payment may be changed or cancelled at my option, by writing to info@cfcancop.org.au

Preferred Start Date: _____/_____/_____ or Give Now

Section B: Giver's Details

Name: _____ Email: _____

Address: _____ Phone: _____

Are you a member of CFC or its family ministries? YES NO

CFC ANCOP Australia follows the Australian Privacy Principles and keeps donor information private. Donation receipts will be issued to the person named above, at the end of the financial year. If required earlier, write to info@cfcancop.org.au. Donations over \$2 are tax deductible.

Section C: Payment Method

- Method 1: **Cash Deposit**, or **Direct Deposit Transfer from your account**, to below bank account, using as Deposit Reference Code your State or Territory + First name initial + Surname (for example: NSWJDoe for John Doe of New South Wales)

"CFC ANCOP Australia Ltd" ♦ BSB 062-121 ♦ Account 10692444

- Method 2: **PayPal** via 'Giving or Donate' link. Go to www.cfcancop.org.au
- Method 3: **Credit Card Authorisation** (fill in Section D below).
Kindly provide us with a new pledge form, with the updated credit card details, if there's a change in your credit card in the future.

Section D: Authorisation and commitment (tick relevant box)

Please charge my Mastercard or Visa card per my **Giving Preferences** in **Section A** (above).

I understand that the regular payment ticked in Section A will be ongoing, but I have the option to change the amount or to cancel at anytime, by writing to pledges@cfcancop.org.au

Credit Card No. _____ - _____ - _____ - _____ Expiry: ____ / ____

Name on Card: _____ Signature: x _____