Today's date:

____/_____/____

PLEDGE FORM

Version control: 11 March 2025

CFC ANCOP Australia Ltd ABN 61 099 188 244

Solicited by:

_____

(Name/Chapter/State of ANCOP Ambassador)

DO NOT Leave blank

Section A: Giving Preferences (tick relevant box)

I would like to give a donation of:

☐ $420 ☐ $500 ☐ $840 ☐ $1,000 ☐ Other amount: $ _____

I would like to donate:

☐ *one-off* ☐ *weekly* ☐ *fortnightly* ☐ *monthly* ☐ *annually*

I understand I can cancel or change my donation, at my option, by notifying *pledges@cfcancop.org.au*

Note: As a giving guide, the amounts $420 and $840 refer to the annual support we provide to our primary/secondary and tertiary/vocational scholars, respectively, in our Philippine Education Sponsorship Program (ESP). Your donation will also be used to support ANCOP's education programs in Papua New Guinea, Solomon Islands, and Vanuatu; the ANCOP Community Development program; and the ANCOP Calamity and Disaster Response program. Visit cfcancop.org.au for more details.

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

Preferred End Date: _____/ _____/ _____or ☐ No End Date

Section B: Giver's Details

Name: _____ Email: _____

Mobile 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 the donation description of State + Chapter + Donor's First Name Initial + Surname. For example, State **'NSW'** + Chapter **"SSE"** + Donor First Initial **"J"** + Surname **"Smith" – NSWSSEJSmith**

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

☐ Method 2: **PayPal** via 'Giving or Donate' link. Go to **www.cfcancop.org.au** or click the **QR Code**

☐ Method 3: **Credit Card Authorization-** (fill in Section D below).

Section D: Authorisation and commitment (tick relevant box)

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

Credit Card No. _____**Expiry:** _____ / _____

Name on Card: _____**Signature:**_____

Please email this form to pledges@cfcancop.org.au or post to CFC ANCOP AUSTRALIA LIMITED, PO Box 3065 Regents Park, NSW 2143, or give to your local ANCOP coordinator or ANCOP Ambassador. Thank you for partnering with CFC ANCOP.