

『康恩關懷中心』捐款回應表 Donation to CanCare Centre

捐款者姓名(請用英文正楷填寫) Donor's name (Please print): _____

地址(請用英文正楷填寫) Address (Please print):

電話/手提 Phone/Mobile: _____ 電郵 email: _____

所屬教會(如有) Church (if applicable): _____

我願意支持『康恩關懷中心』的事工，現附上:

I would like to financially support CanCare Centre:

現金/支票捐款 Cash/Cheque Donation \$ _____

支票抬頭請寫 Name for Cheque: CanCare Centre

每月捐款 Monthly donation \$ _____

或獻款從所選的信用卡扣除 or donation from your nominated credit card: \$ _____

Visa Mastercard Amex

信用卡號碼 Credit card numbers:

_____/_____/_____/_____

持卡人姓名(請用英文正楷填寫) Card holder's name (Please print): _____

信用卡有效日期至 Credit card valid to: ____/____/____ CVC: _____

持卡人簽名 Card holder signature: _____ 日期 Date: ____/____/____

需要收據退稅 Receipt for donation: 是 yes 否 no

Completed form can be emailed to 表格填寫後可電郵 info@cancarecentre.org.au

or mailed to 或郵寄

51 Hawkesbury Road, Westmead NSW 2145.

Any enquiries, please contact 如有查詢, 請致電 0412 38 48 38

(\$2 捐款或以上可憑收據退稅, 收據將於財政年底前郵遞所提供的地址)

(\$2 donation or over is tax deductible, receipt will be posted to your address before the end of the financial year.)

施比受更為有福，願神祝福您！

It is more blessed to give than to receive. May God bless you!