## SILA Direct Debit from Credit Card



| CONTACT DETAILS * = required field  |  |                          |
|---|--|--------------------------|
| First Name  | * Phone (Incl. Area Code)                                      |                          |
| Surname   | * Mobile   |                          |
| Address   | * Email  | *                        |
|   |  |                          |
| City/Suburb * Postc   | ode*   |                          |
| GIFT ALLOCATION (Amount and F Please allocate my gift as follows:                             | Frequency)   |                          |
| Gifts for School Building, Overseas Aid & Development and Program Fund is NOT tax-deductible. | d Language Development Scholarship Funds are tax ded           | uctible. SILA's Training |
| Person or   | Project  | Amount                   |
| SILA School Building Fund   | (Tax deductible)   | \$                       |
| SILA Overseas Aid & Development Fund  | (Tax deductible)   | \$                       |
| SILA Language Development Scholarship Fund  | d (Tax deductible)   | \$                       |
| SILA Training Program Fund  | (NOT Tax-deductible)   | \$                       |
| SILA Overseas Student Scholarship Fund  | (NOT Tax-deductible)   | \$                       |
| (please ensur   | re this total agrees with your authorised debit) <b>TOTAL:</b> | \$                       |
| FREQUENCY   |  |                          |
| One-off gift Monthly Quarterly  | Six-monthly Annually *   |                          |
| CREDIT CARD DETAILS   |  |                          |
| Type of Card: Visa MasterCard *   |  |                          |
| Number:   | * Expiry Date: /*  |                          |
| Name on card:   | *  |                          |
| Your Signature  | <b>*</b>   |                          |
| Date / / *  |  |                          |