

## CREDIT CARD FORM

I hereby authorize Australian Relief & Mercy Services Ltd (ARMS) to initiate a transaction from my credit card. If giving monthly, this authority will remain in effect until ARMS is notified by me in writing to cancel this arrangement in such time as to afford ARMS reasonable opportunity to act on it.

Amount Charged To Card. \$

Monthly  Start Date  /  One Time

Area Of Ministry To Which Funds Are Directed

(Undesignated gifts will go to the area of greatest need.)

Monthly transactions will take place in the first week of each month.

(Complete as appears on credit card.)

Name

Address

City  State

Post Code  Ph.

Email

Master Card  VISA

Card#

Epiration Month  Exp. Year

I would like to receive ARMS quarterly newsletter *Focus On Mercy*.

Yes  No

Authorization Signature

Date

Return to

ARMS

1 Kent Rd

Surrey Hills Vic 3127

Email: info@arms.org.au

Phone (03) 9888 4537

fAX: (03) 9836 9231