Saint Stephen's College

Tsion Mariam Credit Card Authority

Please complete the following details, sign and return to the Accounts Department.

Surname: _____

First Name: _____

Postal Address: _____

_____

_____ Postcode: _____

Daytime Phone Number: _____

Card Type: Bankcard ❑ MasterCard ❑ Visa ❑

Name on Card: _____

Card Number: | | | | | | | | | | | | | | | | | | | |

Expiry Date: | | | | |

Donation Amount: _____

Signature: _____

There are a number of options for your donations. Please indicate where you would prefer for your donation to be allocated. If you have no preference, you may leave these options blank or select 'area of most need'.

❑ Student Sponsorship ($A95)	❑ Building Fund
❑ Stationery & School Supplies	❑ Teacher Education
❑ Area of most need	

On behalf of the ***Addis Foundation to Educate Tsion Mariam*** -

Thank you for your donation - your generosity is most appreciated.