

Please find enclosed my gift towards:-

Where most needed

Staff Support

Communications Centre

Other _____

Enclosed is my cheque/money order for \$ _____ OR Please debit my Bankcard/Visa/MasterCard No:

- - - - / - - - - / - - - - / - - - -

Signature _____ Expiry Date: _____

Please send me information how to pay by direct debit

Please send me Closer Contact so that I can pray regularly for the ministry of CRMF

I would like to make regular payments with a credit card:

Support for _____

Special Project _____

Where most needed _____

I authorise Christian Radio Missionary Fellowship to debit my credit card account on the _____ day of every month / quarter / year.

Bankcard/Visa/MasterCard No: - - - - / - - - - / - - - - / - - - -

This agreement is dated _____ and will expire in _____ months/years or on _____ when my card expires, when a new authorisation form will be sent to me.

Signed _____

Name _____

Address _____

_____ State: _____ Postcode: _____

Please return to: Christian Radio Missionary Fellowship

PO Box 39, BOX HILL VIC 3128

New Zealand supporters may send to: CRMF c/- MAF New Zealand

PO Box 76-502, Manukau City 1702, New Zealand

Thank you for supporting the work of CRMF, your help is greatly appreciated.