



Seventh-day
Adventist Church™

South Queensland

MANUAL CREDIT – DEBIT CARD INFORMATION SHEET

CHURCH _____

DATE _____

Date Processed _____

(Office use only)

Please email this completed form to:

SQC_TnOSupport@adventist.org.au

Date	Name and Address	Credit Card Number (Must be 16 digits)	Type of card (visa etc)	Expiry Date	Total (\$)	Details of Financial Gift (\$)											
						1	2	3	4	5	6	7	8	9	10	11	12
--/--/--	Name..... Address.....P/Code..... Daytime Phone No..... (Essential should we need to make contact with you in regards to your credit card details)	-----		--/--													
--/--/--	Name..... Address.....P/Code..... Daytime Phone No..... (Essential should we need to make contact with you in regards to your credit card details)	-----		--/--													

1. Tithe
2. Sabbath School – regular
3. Sabbath School – 13th Sabbath
4. Local Church Budget

5. Local Church Building Fund
6. Education Support
7. ADRA – General
8. ADRA (local church)

9. Evangelism (Conference)
10. Camp Somerset
11. South Queensland Conference School Building Fund
12. Other

“Honour the Lord with your wealth”

Proverbs 3:0 (NIV)