

Donation Form

Name

Address

Phone (daytime) (evening)

Email

Please accept my donation for the amount of \$

I prefer to make my donation by:

Cheque (please make out to “Wesley Community Action” and attach to this form)

Credit card (please fill out details below)

Mastercard Visa

Name on card:

Card number:

Expiry date: /

Signature Date

Thank you for your kind donation. Please post this completed form to:

Wesley Community Action Central Office
PO Box 9932
Te Aro
Wellington 6141