

The **Voice of Hope**

I wish to receive a copy of **Soul Custody**.

Name: _____

Address: _____

_____ Postcode: _____

Telephone: Home _____ Work _____ Mobile _____

Email: _____

Your Donation: I would also like to donate:

\$10 \$20 \$50 \$100 \$125 \$150 \$200 or

The amount of \$ _____ (please specify)

I wish to make a monthly donation deducted from my credit card
(Note: Amounts will be deducted from your credit card on the first day of each month)

I wish to make a one off donation

Payment Options:

I enclose a cheque / money order of **\$20** for a copy of Soul Custody including postage.

I also enclose my donation of \$ _____

I authorise Voice of Hope via Sue Carlyon to make an automatic deduction from my credit card for this amount

Card type: Visa Mastercard AMEX

Card Number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____

Cardholder's Name: _____

Signature: _____ Date: ____ / ____ / ____

Thank you for your donation. Please post/email this form to Voice of Hope, PO Box 282, Sorell, 7172. admin@voiceofhope.com.au