

Lutheran Media Ministry

Please accept my donation gift to Lutheran Media Ministry for outreach.

NAME: _____

ADDRESS: _____

PCODE: _____

Enclosed is my cheque / money order to the value of \$ _____ OR,

Debit my Bankcard / VISA / Mastercard to the amount of \$ _____

CARD NO:

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Expiry Date: ____ / ____

I require a receipt

Name on card: _____

Address: _____

Signature of cardholder: _____

Reply Paid No 65735

Lutheran Media Ministry

197 Archer Street

North Adelaide SA 5006

Or Phone, **FREECALL 1800 353 350**