

MAMI Membership Form

Fax: 03 9813 2696

Postal Address MAMI Office
 PO Box 384
 Camberwell VIC 3124

Your Name (Mr/Mrs/Ms) _____

Address _____

Phone _____

Email _____

My gift to help the Oblate Mission \$ _____

I have enclosed a cheque or Money order made payable to MAMI.

Credit Card Payment

Please debit my credit card: Mastercard / Visa

Card Number: _____

Expiry Date: ____/____

Cardholder's Name *(as it appears on the card)* _____

Cardholder's Signature _____ Date _____

I would like to make a regular donation of \$ _____ fortnightly monthly

(Your credit card will be debited each fortnight or month until you notify the office to request a change or cancellation. A Cumulative receipt will be sent to you at the end of the financial year if necessary.)

I will require a tax receipt

Additional Information/Comments: